NATIONAL RESEARCH COUNCIL

DIVISION OF MEDICAL SCIENCES

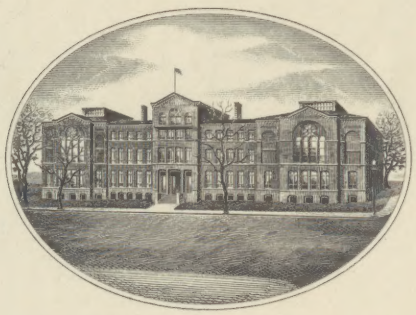
REPORT OF A SURVEY OF MEDICAL RECORDS CREATED BY THE FEDERAL GOVERNMENT

Prepared by

The National Archives in collaboration with the
Committee on Medical Records of the National Research Council

Study made under grant of the John and Mary R. Markle Foundation
Published under grant of the Johnson & Johnson Research Foundation

Washington - January 1945



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LETTER OF TRANSMITTAL

September 1944

Dr. Lewis H. Weed, Chairman
Division of Medical Sciences
National Research Council
Washington, D. C.

Sir:

The Committee on Medical Records was organized in January 1944 by the National Research Council, Division of Medical Sciences, in response to a communication from the Archivist of the United States, Dr. Solon J. Buck. In his letter (November 17, 1943) Dr. Buck called your attention to the problems being created during the war emergency by the accumulation of vast quantities of medical records by the Armed Services and other agencies of the Federal Government. By the work in particular of the Selective Service System, the Army, Navy, and Veterans' Administration, records are being assembled which cover the physical status, medical and surgical history and general health of millions of men and women. These papers are primarily of value for administrative purposes, but it was thought by the National Archives that they may also contain information of value for future research. The Committee was therefore set up to advise the Archivist on the problem of evaluation and preservation of the medical records of the various agencies of the Federal Government, and in particular the selection and organization of such records as might have value for future medical research and statistical studies.

A record of the inception, organization and proceedings of this

Committee is filed at the National Research Council under the title "Bulletin of the Committee on Medical Records."

Work of the Committee: Survey of the Medical Records

At its first meeting, January 26, 1944, the Committee authorized a survey of the medical records of various Federal Agencies and services, to be made by members of the National Archives staff under the direction of Dr. E. G. Campbell. Expenses of the Committee and of the Survey were met from a grant of $5,000 made to the National Research Council for the purpose by the John and Mary R. Markle Foundation.

It was decided that the Survey should be limited to records created within approximately the past 30 years, including reports of physical examinations, medical observation, diagnosis and treatment of individuals; syntheses, digests, and statistical summaries of such records; and records of medical research and experimentation. In fulfillment of this plan representatives of the National Archives examined and reported upon the headquarters medical records of the War Department, Navy Department, the Veterans' Administration, the Selective Service System, and the Federal Security Agency, including the Public Health Service, and the clinical records of about 20 selected hospitals regarded as typical of those under the jurisdiction of the foregoing agencies and also of the Department of Justice, Department of the Interior, and War Relocation Authority.

The complete report* of this Survey has been filed with the National Research Council as a document dated April, 1944, entitled "Re-

* See pp. 13-180

port of a Survey of Medical Records Created by the Federal Government, prepared for the Committee on Medical Records of the National Research Council, by the National Archives." The Committee considers that this report gives a full and accurate picture of the medical records created by Government agencies in the past 30 years, and offers its thanks and commendation to Dr. Edward G. Campbell and to his colleagues, Leo L. Gerald and Edgar B. Nixon. The Committee's conclusions are based upon this Survey; upon professional acquaintance of many of its members with some part of the medical records; upon consultation with expert advisers in the field of actuarial science, as will appear below; and upon special study, including visits of the Chairman and Secretary to the Statistical Division of the Surgeon General's Office, U. S. Army and to local agencies of the Selective Service System.

Findings of the Committee

A. The conclusions reached by the Committee can be more clearly stated if we put aside for the moment the main question, that of possible value of the records for future medical research, and begin instead by pointing out two major general facts:

1. The records in question are of enormous extent, comprising many millions of documents. They are of highly varied character, and are filed in hundreds of different places. They are arranged in diverse ways. Even within any one large collection the filing is not always uniform; for example, several millions of the reports of individual medical examinations of the Selective Service System are in serial order, other millions

are at present filed according to the local draft boards where they originated. The Army hospital records of any one soldier may be filed at several different hospitals.

For these reasons, the research uses of this material which have been suggested, such for example as follow-up studies of selected groups of cases, or comparisons of physical status at induction with various events in the subsequent medical history, would run into great difficulties that could only be overcome by integration and cross-indexing of the whole mass of records. Before thinking of any such colossal archival task, we must consider very carefully whether results would justify it.

2. On the other hand, it is certain that record copies of a large part of the documents in question will have to be preserved for a long time in any case for administrative purposes, for example in adjudication of claims for compensation and hospitalization of veterans. This is true of the physical examination records of all persons inducted into military service and their health and hospital records. Experience of the Veterans' Administration indicates that all such records will have to be preserved some years longer than the lifetime of the youngest of the persons concerned, i.e. until 90 or 100 years from the time of creation of the records.

In evidence of this statement, such records created by the Army in 1917-18 and stored by the Adjutant General at High Point, N. C., are still in frequent demand by the Veterans' Administration. The original records of the Bureau of Medicine and Surgery of the Navy are also used in this way to a certain extent, although the Health Record used in the

Navy frequently serves for administrative purposes in place of the original clinical records. Members of the Committee representing the Federal Services are agreed in the opinion that Congress will object to any destruction of the original records which might in any way jeopardize the claims of veterans.

B. We now pass to a discussion of research value of the medical records, taking those of each class in turn.

1. Records of physical examinations made for the purpose of selection for military and civil service, for promotions in the Armed Forces, etc., cannot provide more than rough data on physical measurements and the distribution of disease. They are made under varying circumstances by examiners of diverse training and diverse critical standards. The questions laid down in the forms are intended for immediate practical ends, not to gather data for research problems scarcely foreseen at this time. These records will not yield medical or anthropometrical information of value beyond what may be given in statistical summaries currently being made from them.

The question of value for actuarial research is reserved for a later paragraph.

2a. Records of observation and treatment. Our survey shows that the clinical records of governmental hospitals, both military and civil, have been on the whole faithfully kept in recent years, that they are almost without exception preserved locally, or (in the case of discontinued hospitals) at central places, and that they are generally kept available for study. In a good many institutions current research is under way in

which the histories of recent cases are used for comparison and compilation. The clinical records of governmental hospitals when more than a few years old, are, however, much less used for research than comparable documents in the teaching hospitals connected with medical schools, and even in the latter such records are rarely required more than a very few decades.

There are undoubtedly a good many medical and surgical specialists with research interests in the Armed Forces at present, who are keeping private memoranda of cases or groups of cases for subsequent follow-up. Access to the clinical histories at a later time may be of great value to these physicians; but such needs as this will presumably be cared for by the routine preservation of records for administrative purposes. Such follow-up work for medical purposes would be greatly facilitated if the records could be centralized.

It should be mentioned at this point that tabular summaries of the incidence and distribution of disease and of injuries and wounds in the Armed Forces are kept constantly up to date by the statistical services of the various agencies and that a great deal of scientific information gathered from the individual records finds its way into immediate use.

The Committee has considered especially the possibility that information for future research may be found in the records of certain governmental hospitals for special purposes, e.g. the National Leprosarium and the hospitals for narcotic addicts of the Public Health Service, the prison hospitals maintained by the Department of Justice, and St. Elizabeth's Hospital. It appears, however, that in these hospitals re-

search is especially active, and that the findings are constantly being reported in monographs and statistical summaries, so that research value is being extracted currently.

The Leprosarium presents a special case, in which the records are those of a rare but historically very important disease, which it is hoped will become extinct. Should they eventually pass into the custody of the Archivist of the United States, these records, or a sample of them, would be worthy of permanent preservation for historical reasons. Something of the same sort may apply to the records of the hospitals in outlying regions serving special ethnic groups, e.g. the Aleuts; but in such cases we believe the current statistical summaries will serve as well as the individual records. It should be added that if, contrary to our expectations, a need should arise for research into the records of hospitals maintained in exotic locations during the war period, the opportunity for such study will to a large extent still exist, because the Adjutant General's Office of the Army and the Bureau of Medicine and Surgery of the Navy will for a long time file or at least index the records according to the place of origin. The clinical indexes kept by army hospitals would be useful in this connection; it is desirable that they be retained as guides to the individual records.

2b. Synoptic records. The Health Records kept by the Navy for each person, the Medical Card (Form 52) of the Army, Form 2593 of the Veterans' Administration, and other card records made at the time of discharge from hospitals afford a convenient means of obtaining data for statistical use. One set of each of these, and of all other statistical punch cards which may serve as guides to individual medical records,

should be preserved by the originating agency, or by the Archives if offered, as long as the original records on which they are based are retained, or as long as the punch cards are serviceable.

2c. X-rays, Out-patient Records and Records Duplicated by Clinical Records. Most of the huge mass of X-ray films produced in the process of examining inductees at induction stations operated by the Armed Forces is currently centralized in Washington in the custody of the Veterans' Administration. Like the reports of physical examinations these films seem to have little value for future medical research because of diversity in the equipment and techniques in the production and use of the films.

With very few exceptions, the X-ray films accumulated in hospitals operated by the Government have no value for medical research and may be destroyed after they are no longer needed in connection with the treatment of the subject patient and in administrative procedures. Out-patient records are of no value for medical research.

3. Records of administration of governmental medical agencies do not, in our opinion, contain medical research information beyond what is published in the usual statistical reports. Their preservation for medical research beyond the normal period of administrative use is unnecessary, except that samples should be kept as historical exhibits.

4. Records of clinical and scientific research are, as pointed out in the survey, characteristically short-lived, because once the information they contain has been analyzed and published by those who compiled them, there is seldom anything left for future use. Should there

be exceptional cases in which unpublished material awaits useful study, the originating agency may generally be trusted to know the value of the records and to take care of them.

In summary, it is the Committee's opinion that the records herein discussed do not contain material for future research of such quantity and kind as to justify the expense of preserving, indexing, and servicing them specifically for research use.

C. It has been suggested that the medical records may contain information of value for actuarial research, particularly in the growing field of health insurance, in which there is said not to be a large mass of statistical records on which to base computations. The Committee therefore consulted several persons of experience in the insurance business and in actuarial work. These included Captain Edward Lew, Statistical Division of the Surgeon-General's Office, U. S. Army (in civil life associated with the Metropolitan Life Insurance Company); Mr. R. D. Murphy, Vice-President and Actuary of the Equitable Life Assurance Society; Mr. A. C. Webster, Secretary of the Home Office Life Underwriters' Association, and Mr. Richard Fondiller, Secretary of the Casualty Actuarial Association. The three last-named gentlemen were furnished with copies of our Survey; they consulted among themselves, and Mr. Fondiller consulted with other advisers. The unanimous report is that these experts see no need for preservation of the medical records for actuarial use by life, health and casualty insurance companies.

D. General Recommendations:

1. Centralization of Records. The personal medical records be-

ing created by the Armed Services during the present war form three great assemblages, namely those of the Selective Service, the Army and the Navy. As stated above, these will in all probability have to be retained and kept accessible for the better part of a century to come, for administrative purposes, chiefly those of the Veterans' Administration. If handled like the records of the war period of 1917-18, these records when no longer in active use by the creating agencies will be stored in several places, some of them in Washington and some elsewhere, with great inconvenience and at excessive cost for storage. Under present conditions, moreover, administrative uses tend either to break up and scatter the files, as for example when army records are transferred to the Veterans' Administration, or to add extra cost for transcription, as is the practice when Navy records are required by the Veterans' Administration.

The Committee believes that administrative efficiency and financial economy would be gained by the organization of a records office under the direction of the National Archives Establishment, for the preservation and service of the noncurrent personal records of discontinued Federal agencies and of those no longer required by a continuing agency. This should be situated in or near Washington, in a building of simple construction planned for economical service. In such a central office, the various agencies could maintain as high a degree of control of their own records as might be desirable, while sharing the advantages of a common location. Further benefit would be gained by the opportunity to formulate policies for mutual benefit and by joint use of archival and statistical consultants, computing machines and other special services.

2. Improvements in medical records administration. The present war emergency has greatly accentuated the problem of the records. It has emphasized moreover the necessity of cooperation between the various services, for example Selective Service, the Armed Forces and the Veterans' Administration, during the long period in which public guidance and assistance must be provided for ex-soldiers and sailors. Interchange of records between the Federal agencies will be more and more necessary. Everything possible in the way of standardization and systematization of the practices of record-keeping should be done as quickly as conditions permit after the war emergency. A standard nomenclature of disease should be adopted. Record forms used for similar purposes by various services should be made as uniform as possible. Record blanks should be designed with cooperative uses in mind.

We urgently recommend, therefore, that a permanent joint committee of experts, representing all the Federal Services creating and using clinical records, together with the National Archives and the National Research Council, should be formed at once and charged with the duty of advising the respective agencies as to formulation and periodic revision of record forms and practices, and of advising the National Archives in its task of evaluating records for destruction and preservation.

We summarize our conclusions and recommendations as follows:

1. The records which we have considered do not contain material for future research of such quantity and kind as to justify the expense of preserving, indexing, and servicing them specifically for research use.

2. The records are not considered valuable for actuarial research.

3. Since the majority of these documents must be retained for administrative purposes, a records office should be established under the direction of the National Archives Establishment, in or near Washington, for the care of noncurrent personal records.

4. After the war emergency, efforts should be made to standardize practices of medical record keeping throughout the Government services.

5. A permanent joint committee of experts should be formed and charged with advising Federal agencies on matters pertaining to medical records.

Respectfully submitted,

B. H. Adams, Captain (MC), U. S. Navy
S. D. Collins, Ph.D., U. S. Public Health Service
Martin Cooley, M. D., The Veterans' Administration
Samuel C. Harvey, M. D.
Dan Lacy, The National Archives
E. S. Leahy, Lt. Cmdr., U. S. Navy (Office of Records Administration)
Richard M. Levy, Col. U. S. Army (Adjutant General's Office)*
Albert G. Love, Col. M. C., U. S. Army
O. H. Perry Pepper, M. D.
H. C. Solomon, M. D.
George W. Corner, M. D., Chairman
R. K. Burns, Jr., Ph.D., Secy.

The Committee has profited by the collaboration of

Dr. R. H. Bahmer, War Department
Mr. Elbridge Sibley, Bureau of the Budget
E. D. Dwyer, Lt. (j.g.) U. S. Navy
Dr. Maurice Leven, U. S. Public Health Service

*With regard to the proposed centralization of noncurrent personal records at Washington, Col. Levy approves personally, in principle, but does not wish to be considered as speaking for the War Department.

REPORT OF A SURVEY OF MEDICAL RECORDS CREATED BY THE FEDERAL GOVERNMENT

APRIL 1944

I. SCOPE AND PURPOSE OF THIS REPORT

This report has been prepared at the request of the Committee on Medical Records of the National Research Council, which is conducting a co-operative study by the Division of Medical Sciences of the National Research Council and the National Archives of certain problems inherent in the accumulation by the Government of huge masses of medical records. The Committee's program includes the identification and selection of medical records of importance for research, consideration of the advisability of their physical concentration in Washington or some other convenient center, and formulation of recommendations for their organization and control in such a manner that they can be easily available for research as well as for administrative purposes.

At its first meeting on January 26, 1944, the Committee requested that an informational report on these records be prepared for its use. It was requested that this report be limited to records created within approximately the past thirty years of the diagnosis, observation, or treatment of individuals; syntheses, digests, and statistical summaries of such records; and records of medical research and experimentation. The existence of significant collections or groups of files containing occasional reports of physical examinations and similar records intermixed with other materials should be noted only very briefly.

It would have been impractical to survey every office or insti-

tution of the Government having records that come within these limitations, and such an extensive survey was unnecessary. Medical records in the custody of the Government fall within a few easily defined categories, and within each category the several groups of records are so similar that a judicious sampling is sufficient to provide data on the entire accumulation. The following general principles governed the selection of units that were surveyed: to choose hospitals and other units within each department or other large subdivision of the Government that has large masses of medical records; and to choose within each such group of hospitals at least one institution specializing in each particular disease or clientele as well as at least one institution characterized by no particular specialization. Thus in choosing institutions of the Veterans' Administration care was exercised to choose at least one general hospital, one tuberculosis hospital, one psychiatric hospital, and one hospital attached to a National Home for Disabled Volunteer Soldiers, as well as a regional office and offices in the headquarters of the Administration.

The survey was made between January 15 and April 15, 1944, by Leo L. Gerald and Edgar B. Nixon under the general supervision of Edward G. Campbell.

II. MEDICAL RECORDS IN THE CUSTODY OF THE FEDERAL GOVERNMENT

General Information

1. During the past several decades the Federal Government has manifested an increasing interest in the welfare of the individual citizen, and during the same period the country has twice created huge military and naval forces for the prosecution of war on a world-wide scale. One of the consequences of these developments has been the creation of a great mass of medical records in the custody of various Government agencies. No one agency has a monopoly on medical records; but there are few significant variations in the uses that are made of them by the several agencies.

2. The records may be divided into four general types: records of physical examinations of individuals; records of the observation and treatment of individuals; records of the administration of medical services; and records of medical research, including reports of experiments, statistical analyses, laboratory notes, and similar papers. Generally speaking, records of physical examinations of individuals are held by agencies responsible for judging the qualifications of individuals for various purposes, such as the War and Navy Departments, the Selective Service System, the Civil Service Commission, and similar agencies. Records of the observation and treatment of individuals and records of the administration of medical services are held almost exclusively by agencies that operate hospitals, such as the War Department, the Navy Department, the Veterans' Administration, and the Public Health Service in the Federal Security Agency. Records of medical research are held by the agencies noted above as well as by a host of other agencies that do not have the other types

of medical records, such as the National Research Council, the Office of Scientific Research and Development, and the Interstate Commerce Commission.

3. Records of the observation and treatment of individuals consist chiefly of hospital clinical records. They constitute the largest and the best preserved group of medical records, and almost without exception such records have never intentionally been destroyed by a Government agency. Although conditions of storage at times make individual case records unavailable, in almost every institution such records can be made available quickly and their whereabouts is almost invariably well known to the proper officials. The same thing is for the most part true of records of physical examinations insofar as they have been preserved in personnel folders of the individuals concerned. But the other two types of records have not been preserved with comparable care. Records of the administration of medical services have been preserved with as much care as other Government administrative records; most of those that have not been destroyed can be located, although often only after considerable search. Records of experiments and other medical research usually disappear from view within a short time after the research has been concluded. Probably this is caused by the almost universal practice of publishing significant findings in a recognized medical journal; such publication normally satisfies any future needs for information about the research and frequently it makes the records virtually useless.

4. By the end of the present war records of the observation and treatment of individuals will probably exceed 350,000 cubic feet in volume,

at a conservative estimate. Of this total, however, about nine-tenths will be in the custody of the War Department, the Navy Department, and the Veterans' Administration. The volume of other medical records, which is subject to considerable fluctuation owing to the lesser degree of care exercised in preserving them, probably will not exceed 100,000 cubic feet.

Records in the War Department

1. The most important medical records in the custody of the War Department are the clinical records of individuals that have been retained at the hospitals treating the individuals or that have been forwarded to the Office of The Adjutant General at the time the hospitals' operations were discontinued. Like the similar records in the custody of the Navy, these records are highly standardized and the system of record keeping in one hospital almost exactly duplicates that in every other hospital. A notable difference between the medical records systems of the two armed services, however, lies in the procedures for supplying information to the Veterans' Administration. When the Veterans' Administration wants information from the clinical records of a veteran of the Army his original clinical records are extracted from the files and sent to that agency; and during the present war when an individual is given a discharge for disability his clinical records are similarly extracted from the files of the hospitals creating them and sent to the Veterans' Administration. In view of the hundreds of thousands of men already discharged for physical disability and of the additional millions of former members of the Army who have or will apply for some sort of benefit distributed by the Veterans' Administration, this procedure will operate to diminish materially

the bulk of clinical records held by Army hospitals. This procedure was inaugurated in 1935 to lessen the cost of adjudicating claims, inasmuch as the task of copying the clinical records, either by photographing them or by other means, became an insuperable burden. On the other hand, the Navy has avoided either of the alternatives that have plagued the War Department by providing in the health records of individuals all the information that the Veterans' Administration normally needs. The most nearly comparable Army record, the Report Card (Form 52) gives less information about each hospitalization of an individual than does the health record, and it does not satisfy the requirements of the Veterans' Administration.

2. In The Adjutant General's Office there are copies of these report cards and of the induction physical examinations given every inducted man, as well as copies of the periodic physical examinations given officers. Although the exact location of these various files within the Office varies from time to time, they remain within the Office in the custody of appropriate organizational units existing at a given time.

3. The Surgeon General's Office keeps no records of the medical treatment observation, or examination of individuals, but it does amass considerable quantities of records of medical research (which in the past have not been preserved as a body of records) and of records of the administration of the medical facilities of the Army (these records for the period prior to 1938 are now in the National Archives).

4. By far the greatest accumulation of clinical records held by any agency of the Government will be in the custody of the War Department at the end of the present war; probably these records will amount to between

200,000 and 250,000 cubic feet, and, if precedent provides any criterion, more than half of them will be in hospitals that are discontinued and therefore they will be transferred to the custody of The Adjutant General. The remainder will stay in permanent hospitals.

5. Army hospitals sometimes use their clinical records for research purposes, but examination indicates that this is an exception rather than the rule. Especially since the outbreak of war doctors stationed at these hospitals have not had time to exploit the clinical records beyond using them as instruments for the treatment of individual patients. At the close of World War I the clinical records created during that war were concentrated in the Office of the Surgeon General in the expectation that they would be intensively used for research purposes. This expectation was not fulfilled, and in a few years the records were transferred to the Office of The Adjutant General.

Records in the Navy Department

1. The most important medical records in the custody of the Navy Department are the clinical records of individuals that are retained in the hospitals creating them. Altogether these records probably will amount to about 50,000 cubic feet at the end of the war, and their volume is not being diminished appreciably by the operation of any administrative procedures. Next in importance are the health records of individuals. Each individual's record accompanies him while he is in service and it is filed in the Bureau of Medicine and Surgery when he is separated from the Navy (there is some variation of this procedure in the case of officers). These records adequately fulfill most administrative needs, thus avoiding

recourse to the clinical records, and it is on the basis of information abstracted or copied from these health records that the Veterans' Administration adjudicates the great majority of all claims presented by former Navy personnel. The Bureau of Personnel has included reports of physical examinations of individuals in the personnel files of all officers and men who have been on duty during the past thirty years, and in various offices in the Department there are records of medical research and of the administration of the Navy's medical facilities. The Coast Guard, which is attached to the Navy during wartime and is a part of the Treasury Department in time of peace, makes separate provision for medical care of its personnel, but its medical records system closely resembles that of the Navy.

2. The clinical records of individuals treated in Navy hospitals have been so standardized that there is little or no difference between those created in one hospital and those created in another. All include the same forms, and all have alphabetical indexes arranged according to the names of the patients. Few of them are indexed by disease.

3. The health records are used frequently for at least 15 years after their creation and they must be retained thereafter for administrative purposes. The clinical records of individuals are occasionally consulted by doctors treating the same patients one or two years after the records were created, but seldom are those more than 2 years old needed for such purposes. Individual Navy doctors use clinical records for research purposes, but normally they use the records either during or immediately after the treatment of the patient. Almost never are clinical records more than 5 years old used for any purpose.

Records in the Veterans' Administration

1. As do the Army and Navy, the Veterans' Administration normally leaves records of the treatment and observation of individuals in the hospitals that create the records. The Administration at present supervises the activities of about one hundred hospitals, and this number is rapidly growing and will increase tremendously following the conclusion of the present war. These clinical records do not differ materially from those created by the Army and Navy, except that the Veterans' Administration has created more permanent institutions that specialize in one type of disease (such as tuberculosis hospitals and neuropsychiatric hospitals) and this specialization is reflected in the records of those hospitals.

2. The claims files, accumulated at the various Veterans' Administration offices that adjudicate claims, contain clinical records obtained from the War Department or abstracts from Navy health records, copies of reports of induction physical examinations, reports of other physical examinations given by Veterans' Administration doctors, and various other papers regarding each claimant's physical condition at stated times. In each folder, however, these medical records constitute only a small portion of all the materials.

3. In the offices concerned with administration of the Veterans' Administration hospital facilities there are records of medical research and of the administration of the facilities. These records do not differ in any significant way from the similar records of other Government agencies.

4. The clinical records of a veteran patient with a service connected disability may be administratively useful to the Administration

during the life of the veteran, since his physical condition at any given time has a direct bearing on the amount and type of benefits that he is legally entitled to receive. In addition the records that are relatively newly created, those less than 3 years old, are used for research by doctors stationed at various hospitals. This research use, however, diminishes sharply as the records become older, and very seldom are records as much as 5 years old used for that purpose.

Records in the Federal Security Agency

1. The Federal Security Agency includes within its jurisdiction St. Elizabeth's Hospital, the Public Health Service, Freedmen's Hospital, the Columbia Institution for the Deaf, the Federal Advisory Board for Vocational Education, the Food and Drug Administration, the liquidating organization for the Civilian Conservation Corps, Howard University, the Social Security Board, and the United States Office of Eduction. There are few if any of these institutions and offices that do not have in their custody medical records. On the other hand, the records in the custody of all except the first two are either similar to those possessed by the first two or else they are of only incidental interest to the medical profession.

2. The records of the treatment of individuals in St. Elizabeth's Hospital, covering the period from 1855 to the present and amounting in volume to more than 2,000 cubic feet, are similar to those of other Government institutions for the mentally ill. The hospital is responsible directly to the Federal Security Administrator, and it receives patients from a wide variety of sources, including the Army, the Navy, the Veterans' Administration, the Indian Service, and the general population of the

District of Columbia.

3. The Public Health Service operates 26 marine hospitals, 2 hospitals for specific diseases, and innumerable quarantine stations and other medical facilities. Each of these subordinate units sends to headquarters a report on every patient admitted, and each retains the original clinical records of individuals treated by its personnel. Many Public Health Service doctors are detailed to other agencies of the Government, such as the Bureau of Prisons, but the records resulting from such activities become records of the particular agency to which the doctors are detailed. On the other hand, there are almost twenty different classes of beneficiaries entitled by law or regulation to treatment in Public Health Service facilities, and therefore the clientele of these institutions is more cosmopolitan than that of any other group of Government medical institutions.

4. The records of these institutions are kept in a uniform manner, with due allowance for necessary variations in the records kept at hospitals with differing fields of interest, and in general they do not materially differ from the similar records kept at other Government hospitals.

5. The National Institute of Health, a subdivision of the Public Health Service, continually sponsors medical research work and details many of its doctors to specific projects. On the whole, however, the records resulting from such work are either fully exploited during the course of the investigation, or else they gradually disappear from sight as old medical problems are solved and new problems take on greater importance.

6. Aside from experimental research under the auspices of the National Institute of Health, investigation and research are continually carried on by doctors attached to marine hospitals and other institutions under the jurisdiction of the Federal Security Agency. Normally, however, only records created within a year or two are used in connection with this work, which essentially consists of preparing detailed discussions of processes and treatments that are being applied currently. Since a few groups of individuals entitled to veterans' and other Governmental benefits are included among those eligible for treatment in hospitals under the jurisdiction of the Federal Security Agency, a few of the clinical records created in these hospitals must be preserved for the same period of time that Army and Navy clinical records are retained.

7. There are many administrative records in the Federal Security Agency and in its various subordinate units, but these do not materially differ from similar records in the custody of other Government agencies administering systems of medical facilities.

Records in the Department of Justice

1. The Bureau of Prisons in the Department of Justice administers a widespread hospital system that is directly under the supervision of a doctor detailed to the Bureau by the Public Health Service. The Public Health Service provides all of the medical facilities attached to penal institutions, but the records of the treatment of individuals for the most part remain in the hospitals or other medical facilities creating them. Very brief statistical summaries are sent to the Bureau for use in compiling system-wide statistical analyses. These clinical records, however,

differ materially from those in other Government hospitals only in that they do not normally serve as bases for pension or other similar claims against the Government. For this reason the Veterans' Administration and other agencies are not interested in the preservation of these records for a long period of time.

Records in the Department of the Interior

1. The most important group of medical records in the possession of the Department of the Interior are those held by the Office of Indian Affairs and its subordinate institutions. Altogether that office operates 95 hospitals with a total bed capacity of 4,976, including 9 hospitals for tuberculous patients. In general the medical records system does not differ from that in other Government agencies. Clinical records remain in the hospital creating them, and reports of each individual hospitalized are submitted to headquarters to serve as a basis for statistical summarizations.

2. Other bureaus within the Department of the Interior have medical records in their custody, but none of these collections was created for medical or scientific purposes. Thus there are records in the Bureau of Mines relating to the health of miners and to the various factors influencing health in mining communities. In addition, the Department has accumulated information on restricted groups of the Indian population, such as the Aleuts and other small homogeneous groups that for some reason have required special attention from the Department.

Records in the War Relocation Authority

1. At each of the 12 Relocation Centers established by the War Relocation Authority there is a hospital, at the head of which is a Caucasian doctor assisted by a Caucasian nurse. The hospitals were planned by officers detailed from the Public Health Service for that purpose and do not significantly differ from other Government hospitals except in that their patients are restricted to persons of Japanese origin who were sent to the centers. The centers are located in Wyoming, Idaho, Utah, Arizona (2), Arkansas (2), Colorado (2), and California (2). Five of them have psychiatric units attached. These facilities serve a community of about 100,000 persons, but they have been in existence only a relatively few months and they have not yet accumulated great volumes of records.

Records in the Selective Service System

1. The Selective Service System has what is probably the largest accumulation of reports of physical examinations of individuals ever gathered. In its Philadelphia office the System has more than 20,000,000 copies of reports of physical examinations, less than one million of which duplicate other copies in the same accumulation. In addition, in local boards scattered throughout the country there are in the individual folders of registrants who have been sent to induction stations duplicate reports of many of the same examinations; and the armed services have in the appropriate personnel files other copies of many of these reports. Although the Philadelphia collection may have certain values for medical research, it must be remembered that the examination reports are records of examinations given under widely differing standards at different times by physicians

of widely differing ability and discernment. The information in them provides a summary view of the health of American manhood within a given period of time, but the margin of error in the individual reports is such that they must be used with extreme caution.

Records in other Agencies of the Government

1. There are medical records in the custody of many other agencies of the Government, but no other agencies have significant bodies of medical records that are of general interest.

2. Reports of single or occasional physical examinations of individuals are included in the files of the Civil Service Commission, the Maritime Commission, the Civil Aeronautics Authority, and other agencies. Normally, however, these reports are included in personnel files covering Government employees or covering persons engaged in some specific industry or profession. They have been made by innumerable physicians of varying degrees of skill and with varying degrees of thoroughness, and they have not been made periodically on the same individual. The papers have been filed and used incidentally in the administration of the agency and not as a group of papers created as a result of a specific medical function. They would have even less value for medical research than the similar papers contained in Army, Navy, Veterans' Administration, and Selective Service files, because they lack the comprehensive coverage of those records.

3. In many agencies there are records of research in the fields of medicine and records dealing with general or specific health conditions. For instance, the State Department has the records of various international

health conferences, as well as reports on health conditions in other countries. The Federal Security Agency's Social Security Board is interested in studies of national health conditions, and the Census Bureau, through its interest in the standardization of vital statistics, has become interested in other phases of medical records and medical research. The Children's Bureau and the Women's Bureau, as well as other units of the Department of Labor, frequently make detailed studies of the effects of various conditions on the health of individuals. The Farm Security Administration makes similar studies. The National Research Council and the Office of Scientific Research and Development have been engaged in medical research projects for the Army and Navy since the outbreak of the war; many of the records of such investigations are legally the property of the armed services. In all these cases, however, findings of value for the medical profession as a whole or for any significant portion of the profession have been widely published in scientific journals or else are being used daily and will be published when the secrecy induced by wartime restrictions has been terminated. Many of these records of research are not adaptable to further use after the investigator has finished using them.

Comments

1. Medical records in the custody of the Federal Government may be divided into four general categories:

(1) Records of medical research projects; the further research value of these files is restricted by virtue of the publication of important findings and by virtue of the failure normally to preserve them as a body for later use.

(2) Records of the administration of medical facilities; these records do not materially differ from the records of the administration of any other large scale Government undertaking, and owing to their value in future administration part of them must be preserved indefinitely and would be available for research use.

(3) Records of single or sporadic physical examinations of individuals; the greatest collection of these is in the custody of the Selective Service System, although similar records, intermixed with the personnel files of the individuals concerned, are in the custody of the Army, the Navy, the Veterans' Administration, the Civil Service Commission, and other Government agencies. These records are characterized by the weaknesses common in such records: creation under a variety of circumstances by a variety of different individuals with widely differing abilities and understandings of the work at hand; in addition, there is no continuity of observation of a given individual, so that it is impossible to trace any developments or alterations in time. It is certain that a considerable portion of these records may be destroyed without injury to the interest of the Government.

(4) Clinical records of individuals; normally these records are retained indefinitely in the hospital creating them, whether that hospital be under the jurisdiction of the War Department, Navy Department, Veterans' Administration, Public Health Service, Bureau of Prisons, Office of Indian Affairs, or War Relocation Authority. The Administrative needs of the Veterans' Adminis-

tration have led to the accumulation by that agency of a large block of original clinical records created by Army hospitals, but this is the only significant departure from the general rule that clinical records remain in the creating hospital. Clinical records created by hospitals of the armed services, of the Public Health Service (to some extent), and of the Veterans' Administration probably will have to be retained at least for the lifetime of the person hospitalized, owing to the need for adjudicating pension and similar claims. On the other hand, there is no continuing administrative need for clinical records created in penal institutions, War Relocation Authority Centers, certain Public Health Service institutions, and other hospitals whose clientele does not have pension or other similar rights dependent on their physical conditions. Clinical records of this latter group must be kept at least as long as the patient is in the hospital, penal institution, or locality served by the hospital, but seldom must they be kept longer for administrative purposes.

2. The clinical records of all hospitals operated by the Government contain the same type of data, although there is considerable variation between hospitals in the quantity and quality of the information appearing in the records. The records may be classified in any one of several ways, but the potential administrative and research value of the clinical records of a given class will be about the same, no matter which hospital created them.

3. Clinical records in the custody of the Government may be classified as follows:

(1) Records of hospitals specializing in general medical and surgical work;

(2) Records of hospitals specializing in some specific disease, such as the Public Health Service leprosarium, its narcotic addict institutions, and the various psychiatric and tuberculosis hospitals maintained by the Public Health Service, the Veterans' Administration, and other agencies.

4. In addition, the clinical records may be divided into groups in accordance with the source of patients, as follows:

(1) Patients drawn from some general source or from innumerable sources, such as those of Army and Navy hospitals, of Veterans' Administration hospitals, and of certain Public Health Service institutions.

(2) Patients drawn from special groups, either racially determined, such as Indians, Japanese, or others, or determined by some other characteristic, such as inmates of Federal penal institutions.

5. A noteworthy fact revealed by the survey of the medical records in the possession of the Federal Government is the reluctance on the part of hospital officials to take positive steps to destroy clinical records. Almost without exception, whether the individuals in charge of the records or of the institution housing them believed that the records had research or administrative value or whether they believed them useless, the fact

remained that no one had taken the initiative in proposing that they be destroyed. Records dating as early as the middle of the nineteenth century were carefully preserved, and even records that were so poorly organized and so carelessly created as to be virtually worthless have been preserved. This is remarkable since the creating hospitals apparently have little administrative need for these records after the patients leave the hospital.

6. This report is based on information gathered in the course of surveying the medical records of specific offices or institutions of the Federal Government, as follows:

War Department

The Adjutant General's Office

Office of the Surgeon General

Walter Reed General Hospital, Washington, D. C.

Fort George G. Meade Station Hospital, Fort George G. Meade, Md.

A. P. Hill Military Reservation, Station Hospital, Bowling Green, Va.

Navy Department

Bureau of Naval Personnel

Bureau of Medicine and Surgery

United States Coast Guard

National Naval Medical Center and U. S. Naval Hospital, Bethesda, Md.

U. S. Naval Hospital, Brooklyn, N. Y.

U. S. Naval Field Hospital, Sampson, N. Y.

Veterans' Administration

Veterans' Administration Facility, Mt. Alto, Washington, D. C.

Veterans' Administration Facility, Bath, N. Y.

Veterans' Administration Facility, Fort Howard, Md.

Veterans' Administration Facility, Canandaigua, N. Y.

Veterans' Administration Facility, Castle Point, N. Y.

Veterans' Administration Facility, Perry Point, Md.

Veterans' Administration Facility, Bronx, N. Y.

Federal Security Agency

St. Elizabeth's Hospital

Public Health Service

Public Health Service Hospital, Lexington, Ky.

National Leprosarium, Carville, La.

Marine Hospital, Staten Island, N. Y.

Marine Hospital, Baltimore, Md.

Marine Hospital, Ellis Island, N. Y.

Marine Hospital, Fort Stanton, N. Mex.

Department of Justice

Bureau of Prisons

Northeastern Penitentiary, Lewisburg, Penna.

Department of the Interior

Office of Indian Affairs

Sioux Sanitorium, Rapid City, S. Dak.

Reservation Hospital, Pine Ridge, S. Dak.

Selective Service System

War Relocation Authority

Rivers Community Hospital, Rivers, Arizona

Poston General Hospital, Poston, Arizona

Newell Community Hospital, Newell, California

III. WAR DEPARTMENT

A. Introduction

General Information

1. Two bureaus of the War Department, The Adjutant General's Office and the Surgeon General's Office, and one branch of the Army, the Medical Department, have in their custody valuable medical records created in the last thirty years.

Records in The Adjutant General's Office

1. The Adjutant General's Office for more than a century has been the custodian of the records of discontinued commands, both of the Army and of the War Department, and has been responsible for the maintenance of official personnel records of both officers and enlisted men. These functions have resulted in the accumulation of two large groups of medical records, (1) records created by discontinued commands that were transferred to The Adjutant General's Office and preserved en bloc by that Office, and (2) personnel records of officers and enlisted men in all branches of the service that were created by The Adjutant General's Office.

2. The largest collection of medical records included among the records of discontinued commands comprises those created by discontinued medical commands of the World War I period. When the Army was reduced in size following the Armistice of November 11, 1918, the clinical and other records of abandoned hospitals and other Medical Department units were transferred to the Surgeon General's Office and then, in 1921, to The Adjutant General's Office. Few hospitals that continued to operate

transmitted their clinical records, but by far the majority of all Army hospital units of the period were discontinued. Similar records for the period prior to 1912 are now in the National Archives, but those for the World War I period are in the Demobilized Records Branch of the Records Division, The Adjutant General's Office, which is temporarily located in High Point, North Carolina.

3. The Demobilized Records Branch also has in its custody the records of all officers and enlisted men separated from the Army since 1912. These records, the so-called "201 Files", consist of one or more folders or jackets for each man. Each man's file includes copies of his enlistment papers, a card record of his hospitalizations (the Forms 52 forwarded from the Surgeon General's Office), copies of court-martial orders concerning him, his service record, and any other papers or correspondence relating to his service. Also included, of course, are copies of induction physical examination reports and other documents relating to the soldier's health during his service. The medical material in each soldier's file is a small portion of the material in the file, but on the other hand the other information in the file makes extensive interpretation of the medical information possible. Deductions can often be made concerning the relationship between the health of the individual and his environment. The records are in a single file arranged alphabetically by the names of the soldiers, and prior to the beginning of the war they amounted to about 60,000 cubic feet. After the present Army has been demobilized and reduced to a peacetime basis, there will probably be between 175,000 and 200,000 cubic feet of these records.

4. The 201 files of individuals still in service are kept in other divisions of The Adjutant General's Office, but these records will be forwarded to the Demobilized Records Branch when the individuals concerned are separated from the Army, and therefore they have been included in the statistics cited above.

Records in the Surgeon General's Office

1. The Office of the Surgeon General of the Army has custody of the records of the administration of the medical components of the War Department and the Army, but it retains in its files few purely medical records. The administrative records, which for the period prior to 1938 are now in the National Archives, contain detailed information as to the methods used to expand a small peacetime medical establishment into the huge medical organization of the present time and they contain extensive information about the various commands included within the Medical Department of the Army. Reports on the hospitalization of individuals that are received by the Office (Forms 52) are used for statistical purposes and then they are transmitted to The Adjutant General's Office for file in the appropriate 201 file, so that only statistical summaries remain in the custody of the Surgeon General's Office. In addition, of course, at present there are many records of medical experimentation and research, but in the past such records have never been very well preserved after the personnel creating them was separated from the Office.

Records in Army Hospitals

1. The most important medical records in the possession of the War

Department and of the Army are those in the custody of Army hospitals. As a general rule clinical records of patients remain in the custody of the hospital creating them until the hospital is discontinued, when they are forwarded to The Adjutant General's Office, or until the Veterans' Administration requests them for use in the adjudication of claims. There are various exceptions to this general rule, but the one outstanding departure from it is the current practice of immediately forwarding to the Veterans' Administration all the clinical records of each man discharged from the Army on a certificate of disability. During the period of World War I about 10,000 cubic feet of clinical records were created by Army hospitals, but during the present conflict a much larger volume is being created. The exact volume created prior to the end of the war will depend on many factors, particularly on the size of the Army ultimately raised, on the length of service of the individual officers and enlisted men, on the amount of combat service experienced by them, on the geographical and climatic environments in which they are stationed, and on the scale and type of military operations in which American troops participate. In addition, it should be noted that much more extensive medical records of the treatment of individual patients are being created during this war than were created during the last war. The increasingly greater activity of the Medical Department is apparent from the huge number of men already discharged for medical reasons, each of whom leaves at least one clinical record in the files of an Army hospital for transmittal to the Veterans' Administration. On the basis of an estimate that more than 10,000,000 men will enter the Army during the present war, it would seem probable that

between 200,000 and 250,000 cubic feet of clinical records will be created by Army hospitals during the war and the demobilization period immediately following it. A large proportion of these clinical records are in the custody of medical commands that will be discontinued after the war, and under existing Army procedures these records will be sent to The Adjutant General's Office for permanent retention. Undoubtedly in the future the Veterans' Administration will use these records more frequently than any other agency, although if any one of several proposals for Federal health insurance now pending before the Congress were to become law this huge mass of records might be of tremendous value to the agency that administered such legislation.

Comments

1. The current business of The Adjutant General's Office and that of the Surgeon General's Office does not often involve technical information concerning the treatment of individuals. These offices are concerned with the medical care of the Army as a whole. Policies, budget estimates and procurement programs must be formulated on the basis of information that is most easily secured from the Forms 52 that are compiled by hospitals and other medical units from their clinical records and forwarded to the War Department. Information for administrative use is not normally obtained from the great mass of noncurrent clinical records. The retention of these clinical records in the hospitals creating them is indicative of the fact that the Forms 52 are sufficient for most administrative purposes.

2. The Surgeon General's Office has, nevertheless, often expressed

a desire to have custody of clinical records and other records containing detailed technical data on treatment of patients in order that it might develop a program of research designed to facilitate the continued improvement of the quality of its personnel and of their professional techniques.

3. Army hospitals sometimes use their clinical records for research purposes, but examination indicates that this is an exception rather than the rule. For the most part Army hospitals do not exploit their records beyond using them as instruments for the treatment of individual patients. It is rather peculiar, under the circumstances, that none of the hospitals have expressed any desire to destroy their noncurrent clinical records. This fact may indicate that the hospital personnel is uncertain as to the potential research value of the records, although it is not able to use them under existing circumstances.

4. The largest portion of noncurrent clinical records in the hands of creating hospitals are in storage rooms and they are disturbed infrequently except to answer requests for information from the Veterans' Administration.

B. The Adjutant General's Office

General Information

1. The Adjutant General's Office of the present time was established by the Act of March 2, 1907, replacing the Military Secretary's Office that had been created in 1904. The latter, however, had consisted of a consolidation of the former War Department Record and Pension Office and the existing Adjutant General's Office, so that the present office is the direct successor to the functions and records of the adjutants general

appointed during the Revolutionary War and thereafter.

2. The Adjutant General's Office and its predecessors have been custodians of the records of discontinued War Department and Army commands for more than a century, and in the course of performing its other functions it has been the personnel unit of the Army for almost as long a time. Although it has no direct medical responsibilities, by virtue of these two functions in the last thirty years it has collected a large amount of medical records, and presumably it will continue to add to this collection throughout the current war and the demobilization period following it.

Medical Records of Discontinued Commands

1. Under existing Army regulations the records of all discontinued commands are sent to The Adjutant General's Office for permanent preservation or other disposition as recommended by him. But while the demobilization of the Army after the Armistice of 1918 was in progress Surgeon General M. W. Ireland requested that his office be permitted to assume custody of the records of all Army hospitals and other medical units discontinued in the course of reducing the size of the Army to a peacetime basis. He believed that the clinical records created in Army hospitals in the United States and Europe would be invaluable for technical research, and he was apprehensive lest these records be refiled by personnel of The Adjutant General's Office with a view to their expeditious administrative use but without regard to the needs of medical scholars. This request was approved, and orders were issued that the clinical records of all discontinued Army hospitals, together with pertinent indexes, were to be shipped to the Office of the Surgeon General. The records remained in that office

for several years, but a reduction in the office space and personnel allocated to his office prompted the Surgeon General to request that The Adjutant General assume custody of these records in the summer of 1921, and the files were transferred to the latter at that time.

2. Within The Adjutant General's Office the records of discontinued medical commands are now in the custody of the Demobilized Records Branch of the Records Division. The name of this division and its place in the organizational hierarchy of The Adjutant General's Office have changed from time to time since these records were received, but essentially it is still the same unit within the War Department that it has been for twenty years. Now and presumably for the duration of the present war the Demobilized Records Branch is located in High Point, North Carolina.

3. The records of discontinued medical commands of the World War I period have been kept almost intact as a group of records separate from other related records in the custody of the Demobilized Records Branch. This collection of medical records includes those of 235 hospitals that operated only within the continental United States and of 278 hospitals of the A.E.F. The records of each hospital, including both administrative and clinical records and related indexes, have been kept separate from those of other hospitals. The entire mass of records amounts to about 6,000 cubic feet.

4. The volume of these medical records has gradually been somewhat reduced since The Adjutant General's Office received them in 1921. In the first place, a few individual clinical records have been removed from this collection and refiled in the 201 files of the individuals concerned, which

are also in the custody of the Demobilized Records Branch. This has been done so seldom, however, as to result in an imperceptible reduction in the volume of the medical records.

5. The need of the Veterans' Administration for detailed information about the hospitalization of veterans applying for disability benefits has led to a much greater reduction in the bulk of the medical records. During and immediately after World War I if the hospital record of a veteran was wanted by another agency of the Government the entire record was copied, and this transcript was sent in answer to the request. This procedure was too slow and expensive, so an agreement was made with the Veterans' Administration whereby after November 15, 1934, photostatic copies of clinical and related records wanted by that agency would be made at its expense. After a trial of only a few months this procedure became equally unsatisfactory, so on June 1, 1935, the Secretary of War and the Administrator of Veterans' Affairs agreed that thereafter when the Veterans' Administration needed the clinical records of a veteran, these records would be loaned to it by the War Department. In the correspondence about this program the word "loan" was used, but in practice the procedure has been tantamount to permanently transferring the records concerned from the jurisdiction of the War Department to that of the Veterans' Administration, inasmuch as the records are filed by the Veterans' Administration in its own case files. Since the inauguration of this procedure on June 10, 1935, a total of 471,652 clinical records have been removed from the medical files in the Demobilized Records Branch and forwarded to the Veterans' Administration, leaving in the Demobilized Records Branch at present about

2,400,000 individual clinical records.

6. The consent of the War Department to the virtual alienation of these clinical records was based primarily on an official statement by the Surgeon General's Office that it had no further need for the World War I clinical records. These records were purely medical in content and were separable from the military records of the soldiers concerned, so The Adjutant General's Office did not object to their transfer.

7. At the present time, more than 25 years after the Armistice of 1918, the clinical records of Army hospitals of that war are consulted on an average of 214 times each week, and 213 of these searches are made at the request of the Veterans' Administration. The Demobilized Records Branch has no record that doctors have ever used the clinical records for technical medical research since they were transferred to The Adjutant General's Office in 1921. Army and Navy hospitals call for one of these clinical records on an average of about 15 times each year.

8. Under existing Army regulations the clinical records of Army hospitals discontinued during or after the present war will be sent to The Adjutant General's Office, although within that office they will be placed in the custody of another branch of the Records Division.

Medical Records in the Personnel Files

1. When an individual receives a commission in the Army, a personnel file--a so-called "201 file"--is established for him in the Officers' Branch of the Military Personnel Division of The Adjutant General's Office. Into this file go all papers concerning his service and when the officer is retired, dies, or is otherwise separated from the Army this file is disposed

of in one of two ways: if an officer in the regular establishment, the file is retained in an inactive file in the Officers' Branch; if an emergency officer or a National Guard officer of the World War I period, the file was transmitted to the unit in The Adjutant General's Office that ultimately became the Demobilized Records Branch.

2. When an individual joins the Army as an enlisted man, a 201 file is established for him in the Enlisted Branch of the Military Personnel Division of The Adjutant General's Office. With the exception of the clinical records that may be created in hospitals, this 201 file maintained by The Adjutant General's Office theoretically contains complete information on the individual's service, including reports of physical examinations at the time of joining the Army, other induction papers, authorizations for deductions from pay, special orders, service records, medical records (Forms 52, 52b, 52c and 52d received from the Office of the Surgeon General), and correspondence pertaining to him as an individual.

3. Information sufficient to establish the individual's military service, insofar as concerns the needs and functions of the War Department, is available in this 201 file barring serious communication failures or filing errors. In practice, however, the 201 file is frequently imperfect. One document that the Veterans' Administration requires before it adjudicates a claim for a disability benefit is the report of a soldier's physical examination at the time of joining the Army, and in recent months it has been found that in 2 per cent of the cases in which this form was sought it was not found in the 201 files. A 2 per cent margin of error is often unimportant, but when the pension rights of some 10,000,000

potential veterans are concerned, it becomes significant.

4. Aside from the inevitable margin of error, however, the 201 file is not sufficient in itself, even when perfectly maintained, to meet the needs of the Veterans' Administration. Frequently the medical information is not detailed enough. Although the Forms 52 are included in the file, these abstracts seldom have sufficient information as to the reason for hospitalization to enable the Veterans' Administration to adjudicate claims. A soldier may be injured or ill for months and hospitalized all that time; he is then returned to duty, apparently cured. But ten years later if he applies for a pension on the grounds that he is now disabled owing to results of that injury, the medical information on Form 52 will not be sufficient to permit evaluation of the claim. It will show that the soldier had a broken leg, for instance, but it will not show the detailed clinical analysis of the injury necessary to determine if disability could have resulted from it. Therefore the Veterans' Administration frequently must have information from the clinical records of an individual as well as from his 201 file.

5. As soon as an enlisted man is discharged or otherwise separated from the Army his 201 file is transmitted by the Enlisted Branch to the Demobilized Records Branch for permanent retention; if the individual later joins the Army again, the file is returned to the Enlisted Branch. In addition, the personnel records of emergency officers and of National Guard officers of World War I were transmitted to the same unit. All of these records have been placed in one huge file arranged alphabetically according to the names of the individuals.

6. The total volume of personnel records in the Demobilized Records Branch prior to the outbreak of the present war was about 60,000 cubic feet, including all the 201 files and related papers of men, other than officers of the regular establishment, separated from the service since 1912. These records covered approximately 5,000,000 officers and men, and allowing for the changes in record practices, the duration of the present war, and the larger number of men in the Army during this war, it would seem probable that the 201 files of individuals in the Army during the present war will amount to not less than 120,000 cubic feet.

7. The medical material in an individual personnel file constitutes only a small portion of the total material, but its value is enhanced by the other papers. The reports of physical examination and Forms 52 supply a certain amount of medical information, and interpretation of this information may be facilitated by knowledge of the environment of the individual concerned during much of his life. And, in the case of a regular Army officer whose inactive records remain in the custody of the Officers' Branch, there is an accumulation of reports of annual physical examinations made each year during most of the individual's adult life under practically the same conditions and on the basis of similar standards.

8. The Veterans' Administration makes use of information from the 201 file of an individual in adjudicating almost every application for a disability benefit. The report of physical examination at the time of entrance into the Army is also needed, and in order to supply a copy The Adjutant General's Office makes a photostat of the report. Under current procedures whenever an individual is discharged from the Army for medical

reasons his clinical records are collected by the hospital from which he is discharged and transmitted to the Veterans' Administration. With these records is sent a photostatic copy of his induction physical examination report, procured by the hospital authorities from The Adjutant General's Office. This copy costs about one dollar, and in view of the number of men already discharged for medical reasons during this war, the cost of this procedure is becoming more and more important.

Restrictions

1. All personnel records in the custody of The Adjutant General's Office are restricted, and they may be consulted only with the permission of The Adjutant General or his duly authorized representatives.

Cooperation with Other Agencies

1. Aside from the Veterans' Administration, whose relations with The Adjutant General are discussed above, no Government agencies have manifested any considerable interest in the medical records in the custody of the Office.

Research Use of the Records

1. So far as is known to the present staff of the Demobilized Records Branch, no technical medical research has been based on the medical records now in the custody of the Office since the records were transferred to it.

Comments

1. The entire problem of handling the personnel records of former

members of the Army is now under discussion in the War Department, and it is very possible that in planning the disposition to be made of the personnel records of this war the organizational arrangements that now exist may again be radically changed. It is not probable that the record keeping functions of The Adjutant General's Office will be changed to any significant degree; but the allocation of duties within the Office and procedures governing the flow of records from one branch or division to another may be altered.

C. Office of the Surgeon General

General Information

1. The present Medical Department under the direction of the Surgeon General was established in 1818 when Congress passed a bill reorganizing the staff departments of the Army. The Medical Department today is a part of the Army Service Forces, and the Surgeon General is responsible to the Secretary of War through the Commanding General, Army Service Forces.

2. The Office of the Surgeon General is devoted almost entirely to organizing and administering the affairs of the Medical Department, which includes the Medical Corps, Dental Corps, Veterinary Corps, Medical Administrative Corps, and the Army Nurse Corps. It is therefore necessary that the Office be aware of professional activities and be in a position to encourage or discourage them in order to maintain a coordinated effort to care for the sick and wounded. The Office is now organizationally comprised of the Administrative Service, Operations Service, Professional Service, Preventive Medicine Service, Personnel Service, and Supply Service. Only the first four of these Services create or have in their custody

records within the scope of this survey (see Appendix for a list of their subdivisions).

3. More recent statistics are not available, but 22,677 Army hospital beds were occupied on the last day of the last week of the year 1940, and the average duration of hospital treatment in all Army hospitals for that year was between 17 and 18 days. Based on these figures and the knowledge that today the Army has more than 300,000 hospital beds at its command, and allowing for the other changes inherent in the transition from a state of peace to one of war, a conservative estimate of the bulk of clinical records created by Army hospitals since Pearl Harbor would be between 200,000 and 250,000 cubic feet.

4. The present clinical records system of the Army was established in midsummer of 1918, and Surgeon General M. W. Ireland quickly perceived the potential research value of these records to the medical profession. On February 25, 1919, he requested The Adjutant General to permit him to have all clinical records of discontinued Army hospitals filed in the Surgeon General's Office for at least five years. Since that time these records have been the topic of many official and unofficial conferences from which numerous recommendations have emanated.

5. The accumulation of the clinical records of discontinued Army hospitals of World War I and thereafter was transferred to the custody of The Adjutant General about two years after General Ireland had made his request, and today it is stored at High Point, N. C., for the duration of the present war.

6. Currently reports of the treatment and hospitalization of the

individual, such as the field cards and a few clinical records, flow through the Surgeon General's Office to the Office of The Adjutant General. With a few exceptions the records continuously maintained in the Surgeon General's Office relate only to the administration, policy, and coordination of the Medical Department.

7. Internally the records keeping system of the Surgeon General's Office, includes a central file in the Mail and Records Branch, Office Service Division, Administrative Services, which receives copies of the administrative and general correspondence from all the Services. For reasons of security and convenience it is necessary to permit the various branches to retain secret and confidential records that are closely related to their work. Many of these records contain detailed information concerning epidemics or unusual diseases, and actual experience with conditions existing in commands in the zone of the interior and in theaters of operation. Few of these records are dated prior to 1941 and the individual series will not occupy more than one or two file drawers each. These records, despite their small volume, appear to be the most valuable for medical research of all those in the Office. No effort was made to survey every series of these records in the Surgeon General's Office, but a representative selection from them was made.

Statistical Records

1. A monthly report of the sick and wounded is made to the Surgeon General and routed to the Medical Statistics Division, by every military station and separate command that is attended by a medical officer. Except as specified below, each report is accompanied by a report card (Form

52), which is an exact copy of the register card on each patient retained by hospitals and other stationary commands, for each case disposed of during the month covered by the sick and wounded report. This disposition may take any one of five forms: (1) return to duty, (2) transfer to another hospital, (3) discharge or retirement from the Army, (4) desertion, and (5) death.

2. There are two major exceptions to this procedure: (1) in peacetime moving commands and troops training in the field submit with each monthly report of the sick and wounded, in lieu of the Form 52, either the Field Medical Record (Forms 52c and 52d) or the Emergency Medical Tag (Form 52b) or both; (2) in wartime in the theater of operations the Emergency Medical Tag is used by the organizations of the Medical Department, other than hospitals, and in hospitals the Field Medical Record is employed. Both of these records, however, accompany the patient until final disposition of his case is made, so the sick and wounded reports from units operating under these conditions are accompanied only by the forms covering men finally disposed of in the reporting hospital. The patients who are transferred to another hospital take these forms with them, and therefore no notice is taken of them in the sick and wounded report other than to include them in the statistical summaries appearing on it. Ultimately, of course, these forms come to the Surgeon General's Office from the hospital making final disposition of the case, but there may be years intervening between the patient's initial hospitalization and this final disposition of the case. It should also be noted that an Emergency Medical Tag is made for each corpse found on the battlefield, and that these tags

are forwarded directly to the Surgeon General's Office by the Graves Registration Service.

3. The sick and wounded reports are filed in the Office of the Surgeon General after certain statistics have been compiled from them in the Medical Statistics Division.

4. Statistical analyses are made by the Medical Statistics Division from the report cards (Form 52), the field medical records (Forms 52c and 52d), and the Emergency Medical Tag (Form 52b), and these records are then forwarded to the Office of The Adjutant General, where they are filed in the 201 folders of the subject persons. The punch cards made from these records by the Medical Statistics Division for the period prior to 1936 have been destroyed and those for the period since that date are on file in the Surgeon General's Office. They show the age, disease, and treatment given the patient, as well as the name of the reporting hospital and similar data from the report card submitted by the field unit. These punch cards for the period 1936 to date amount to about 2,340 linear or 780 cubic feet, and about 400 linear feet of them are being received each month.

5. Medical units in the field are likewise required to forward weekly Health Reports, which are summarized for higher organizational levels and geographical areas. Significant data from these reports are analyzed and published weekly in statistical form by the Medical Statistics Division, for limited circulation within the War Department and to a very limited number of offices without the Department. The reports received from the field are destroyed after they have been filed for about one year.

6. A few clinical records of Army personnel treated in naval and

allied hospitals are forwarded to the Medical Statistics Division, where data from them are tabulated on punch cards, and the clinical records are then forwarded to the Office of The Adjutant General for filing in the appropriate 201 files.

7. The Medical Statistics Division also has on hand approximately eleven million Selective Service Forms DSS 221 that have accumulated as a result of a sampling procedure designed to collect statistics. It is thought that there will be only small additional accumulation of these records in the future, however, since all of them except those retained to permit checking of the tabulations are returned to the Selective Service System. This Division has the only complete set of physical examination papers of women accepted for the Women's Army Corps except the one in The Adjutant General's Office, which is distributed among the appropriate 201 files. This collection amounts to about 40 cubic feet, and the individual reports have, of course, all the disadvantages of reports of physical examinations made under diverse conditions by innumerable physicians with varying standards and with no continuity of observation.

Other Records

1. Beginning in 1924 a cumulative abstract of annual physical examinations of officers and extracts from Disposition and Retiring Board Proceedings for Regular Army officers were kept, including A.G.O. Form 63 and Form 0164. All records pertaining to a given individual are filed together in an alphabetical arrangement. After the death or separation from other cause the officer's record is placed in an inactive file and used for statistical studies. These records, in the Physical Standards

Division, have been kept up to date and now amount in volume to 93 linear or 72 cubic feet.

2. The Surgery Division has gathered for its own use a file of reports and extracts of essential technical medical data pertaining to surgery particularly useful in the day to day activities of the Division. The material in this file, amounting to about 10 linear feet for the period since 1942, is duplicated in the central files of the Office of the Surgeon General, but in that file it is intermixed with a large amount of material unrelated to it from a surgical viewpoint.

3. There are about 4 linear feet or one cubic foot of records in the Preventive Medicine Service containing data on neurotropic virus diseases in the Army since 1942. There is an alphabetical index by the name of the patient, and also a disease index to these records. In general, the records contain laboratory reports, progress notes, summaries of diagnoses, physical examination reports, summaries of treatments and results, and sometimes autopsy reports. Everything in these files, however, can be found in the clinical record at the hospital where the patient was treated. There are also copies of these records in the virus laboratory at Walter Reed Hospital, which has a centralized record of all cases of neurotropic virus diseases that have occurred in the Army since 1942.

4. In the Preventive Medicine Service there is also a file containing reports, statistics, correspondence, and questionnaires, relating to the investigation of the jaundice epidemic in the Army beginning in 1942. This file also contains case histories and clinical observations, and an effort was made to get a complete autopsy protocol on each death that was

reported as a result of the jaundice. These autopsy protocols were, however, forwarded to the Army Medical Museum where they are at present undergoing study. The records now in the Preventive Medicine Service are arranged alphabetically by posts, stations, and hospitals, and amount to 12 linear or 3 cubic feet. An alphabetical index by the name of the man, and a disease index by Army nomenclature code numbers are maintained with the records. The two indexes together amount to about 1 linear foot in volume.

5. There are on file in the Medical Intelligence Division 160 linear or 120 cubic feet of records comprising intelligence reports on medical conditions in other countries that might affect military operations. These records are filed according to a classification scheme using geographical locations in a numerical sequence. In this scheme the world map is divided into geographical regions and each region is given a number. All of the papers concerning a given country or region are filed together under its number. This scheme of classification also provides an ample subject index to the material. The classification scheme or index is not quite up to date and is on 3" x 5" cards totaling 24 linear or 4 cubic feet.

6. There are small quantities of records in the Preventive Medicine Service relating to malaria control, tropical diseases, malaria epidemeology, antimalarial drugs, and malaria control in foreign theaters of operation since 1941. Altogether they amount to 10 linear or 8 cubic feet. With very few exceptions the records are duplicated by copies or summaries forwarded to the National Research Council in connection with certain experiments or research currently being conducted by that agency

for the Office of the Surgeon General.

7. It is the policy of the Surgeon General's Office to require of certain commanding officers monthly reports of their observations and experiences in theaters of operations. In addition, when an officer returns from a theater of operations he is interviewed and his comments and observations are made the subject of a special report. These reports from 1941 to date are on file in the Operations Service and with related correspondence amount to 4 linear or less than one cubic foot. At present there are no indexes to the material and it is arranged under the name of the theater of operations where the reporting officer gained his experience. Although this material is secret and confidential, about 17 or 18 copies of the reports are made and circulated to certain officers in the Office of the Surgeon General.

Restrictions

1. So long as the war lasts most of the records of the Office of the Surgeon General will not be available for research.

Cooperation with Other Agencies

1. One of the primary functions of the Office of the Surgeon General is to encourage civilian production and research to develop new techniques and produce material needed by the Medical Department of the Army. Tc achieve this goal, the Office maintains a very close relationship with a number of civilian and governmental agencies that have vast resources in technicians and production equipment. Amcng the civilian agencies is the National Research Council, which receives, in connection with research

projects performed either for or in cooperation with the Office of the Surgeon General, copies or summaries of nearly all of the records received in his Office dealing with the technicalities of the treatment and hospitalization of patients. Likewise, most of the material received in the Surgeon General's Office relating to preventive measures, disease rates, the efficacy of new drugs, and a myriad of reports from the field are forwarded to the National Research Council.

2. For the same reason, copies and summaries of some of the records are forwarded to the Army Medical Museum, Public Health Service, and occasionally to the Bureau of Standards, as well as to other agencies.

3. The Surgeon General has directed all hospitals to forward to the Veterans' Administration, upon request, the original clinical records of claimants and to retain in the hospital file a brief or summarization of the record. It is also the responsibility of the hospital from which a man is given a certificate of disability for discharge to collect from other hospitals and forward to the Veterans' Administration all clinical records of any previous hospitalizations of the subject man. The registrar simply asks the man to give to him from memory the names of the hospitals to which he had been previously admitted during his military service. The registrar then proceeds to collect the records by mail from the other hospitals. The Adjutant General's Office has in its personnel files copies of all of the report cards (Form 52) forwarded for each man, giving names of the hospitals where he was treated, but it is usually many months after the subject man has been discharged from the hospital before all of his cards have reached The Adjutant General's Office. The present system

was designed to insure immediate receipt by the Veterans' Administration of all clinical records of men discharged on a certificate of disability.

4. In preparing the clinical record for transmission to the Veterans' Administration, the hospital is required to secure by mail from the Office of The Adjutant General a negative photostatic copy of the subject man's induction papers, which is forwarded with the clinical record.

Research Use of the Records

1. As stated above, there are in operation at present a series of laboratory experiments and research projects designed to solve pressing questions and problems created by the war. As an example, Colonel Baldwin Lucké of the Army Medical Museum will probably soon publish his findings from examination of autopsy protocols of jaundice patients. Brigadier General S. Bayne-Jones and Major D. W. Walker, both of the Surgeon General's Office, plan to do a monograph at some time in the future on jaundice in the Army since 1942. A study in four installments on the same subject by a team headed by Dr. Wilbur A. Sawyer of the Rockefeller Foundation will soon appear in the American Journal of Hygiene, if it has not already appeared.

2. For reasons of security, research with the records of the Surgeon General's Office must be limited to persons or agencies of established professional skill and integrity.

Comments

1. Most of the noncurrent records of the Office of the Surgeon Gen-

eral from 1818 through 1938 are in the National Archives and are available for research. These include incoming and outgoing correspondence, records of Army medical boards, annual consolidated sick and wounded reports of posts and stations, registers of hospital stewards, returns of the Hospital Corps, and returns of the enlisted force of the Medical Department. There are very few items among these records with any value for technical research. Certainly, there must have been created during World War I some records similar to those now in the custody of the units on the branch level in the Surgeon General's Office, but their present whereabouts is not known. This indicates that very few of the records of this category may be left after the present war unless definite provisions for thier preservation are made. After the war present restrictions on current records will probably be lifted with very few exceptions. It is felt, however, that it will be found that the records in the custody of the Surgeon General's Office are more valuable for research in the field of medical history in general than for technical studies.

APPENDIX

ADMINISTRATIVE SERVICES*

Office Service Division

1. General Service Branch
2. Publications Branch
3. Mail & Records Branch
4. Machine Records Branch

Legal Division

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*The Administrative Services are grouped together organizationally but are not formally under the direction of a single head, and for this reason are not an organizational unit in the same sense as the other Services.

Fiscal Division

1. Accounts and Reports Branch
2. Budget Branch
3. Field Supervision Branch

Medical Statistics Division

1. Individual Records Branch
2. Health Reports Branch
3. Statistical Analysis Branch
4. Selective Service Records Branch

PROFESSIONAL SERVICE

Medicine Division

1. General Medicine Branch
2. Tropical Disease Treatment Branch
3. Tuberculosis Branch

Surgery Division

1. General Surgery Branch
2. Orthopedics Branch
3. Transfusion Branch
4. Chemical Warfare Branch
5. Radiation Branch

Neuropsychiatry Division

1. Psychiatry Branch
2. Neurology Branch
3. Mental Hygiene Branch

Physical Standards Division

1. Induction Branch
2. Appointments Branch
3. Disposition and Retirement Branch

Reconditioning Division

1. Educational and Vocational Rehabilitation Branch
2. Physical Reconditioning Branch
3. Occupational Therapy Branch
4. Blind and Deaf Rehabilitation Branch

Dental Division

1. Dental Policies Branch
2. Dental Service Branch

Veterinary Division

1. Animal Service Branch
2. Meat and Dairy Hygiene Branch
3. Veterinary Policies Branch

Nursing Division

1. Nursing Policies Branch
2. Nursing Morale Branch

PREVENTIVE MEDICINE SERVICE

Sanitation and Hygiene Division

1. Sanitary Procedures Branch
2. Sanitary Reports and Policies Branch
3. Education Branch

Laboratories Division

1. Medical Laboratory Policies Branch
2. Medical Laboratory Technic Branch

Epidemiology Division

1. Communicable Disease Policies Branch
2. Immunization Branch
3. Disease Analysis and Survey Branch

Tropical Disease Control Division

1. Control Policies Branch
2. Education Branch
3. Field Survey Branch
4. Malaria Control Branch

Sanitary Engineering Division

1. Water Supply Branch
2. Waste Disposal Branch
3. Insect and Rodent Control Branch

Venereal Disease Control Division

1. Education Branch
2. Treatment Branch
3. Civil Coordination Branch

Occupational Health Division

1. Industrial Medical Program Branch
2. Occupational Hazards Branch
3. Toxicology Branch
4. Mechanized Warfare Hazards Branch

Medical Intelligence Division

1. Collection Branch
2. Analysis Branch
3. Dissemination Branch

Nutrition Division

Civil Public Health Division

1. Communicable Disease & Laboratories Branch
2. Public Health Engineering Branch
3. Nutritional Deficiencies Branch
4. Maternal & Child Health Branch

OPERATIONS SERVICE

Training Division

1. Replacement Training Center Branch
2. Training Doctrine Branch
3. School Branch
4. Unit Training Branch

Hospital Division

1. Construction Branch
2. Evacuation Branch
3. Personnel & Facilities Utilization Branch
4. Administration Branch

Mobilization and Overseas Operation Division

1. Theater Branch
2. Inspection Branch
3. Troop Units Branch

Special Planning Division

1. Demobilization Branch
2. Civil Affairs Branch

Technical Division

1. Research Coordination Branch
2. Organization & Equipment Allowance Branch
3. Supply Coordination Branch
4. Development Branch

D. Walter Reed General Hospital, U. S. Army, Washington, D. C.

General Information

1. Walter Reed General Hospital was opened for the reception of patients on April 14, 1909. The hospital is headed by a Commanding Officer who is responsible to the Commanding General, Army Medical Center, to the Surgeon General, and to the Secretary of War. The staff of the hospital is organized into an Administrative Division and a Professional Division under the Executive Officer and the Adjutant. The Administrative Division is divided into twenty-nine units charged with the administrative and housekeeping functions of the institution. The Professional Division is responsible for the treatment and care of patients and is divided into five services, namely: Medical Service, Surgical Service, Laboratory Service, Dental Service, and Out-Patient Service. The five services are subdivided into thirty-two sections or clinics (see Appendix I for list).

2. Walter Reed General Hospital furnishes medical care to officers

and enlisted men, together with members of their immediate families, stationed in Washington or at posts in the immediate vicinity of the District of Columbia, to veterans upon request by the Veterans' Administration, and to patients sent there from post or field hospitals for more advanced treatment than it is feasible to give at the post or field installation. At present, of course, many of the patients have been sent to the hospital from overseas battle areas.

3. Since April 14, 1909, the hospital has admitted more than 205,000 patients.

Hospital Clinical Records

1. The clinical records are in a numerical file arranged consecutively according to registration numbers. When a patient is admitted to the hospital, he is assigned a registration number which thereafter identifies his chart in the ward until his case is finally closed either by death, transfer, or discharge from the hospital. If the patient is transferred to another hospital his clinical record is summarized on the Clinical Record Brief (Form 55A) which is substituted in the hospital file, and the original clinical record is forwarded with the patient to the next hospital.

2. The clinical record of the hospital is composed of forms identical with those at all Army hospitals (for a list of the titles and numbers of these forms see Appendix II). If the same patient has been admitted to the hospital several times, all of his clinical records are consolidated under his last registration number. There are 3,200 linear or 900 cubic feet of these records.

3. There is an index to all of the clinical records on 3" x 5" cards arranged alphabetically by the names of the patients with appropriate references to previous admissions. This index now amounts to 65 linear or 9 cubic feet.

4. The clinical records prior to 1918 are not indexed by disease, but since that time a diagnostic index has been kept. In order to compress information needed on the index card, the Army has developed a simplified version of the Standard Nomenclature, using only three or four hundred terms and fewer digits in the code numbers. Thus it is possible to index on a single card the cases of a number of patients and to indicate the nature of the operation, location on the body, and the disease or injury of each patient. The cards are first filed chronologically and thereunder by Army nomenclature numbers with proper references to the registration number of the patient. The accumulation of this index amounts to 30 linear or 7 cubic feet.

5. There is a register of patients on 4" x 8" cards arranged numerically by registration numbers. Each card contains the usual identification data, a résumé of the diagnosis and treatment, and indicates the disposition made of the case. Since the cards are in the same arrangement as the clinical records they are not useful as a finding medium to them. In essence, these cards constitute briefs of the clinical records and probably are very useful when only sketchy information is desired. A copy of this card is forwarded to the Office of the Surgeon General with the Sick and Wounded Report at the end of the month. Beginning with the establishment of the hospital in 1909, this file now amounts to 162 linear

or 18 cubic feet.

Out-Patient Records

1. The Out-Patient Service was activated on May 1, 1939, when the major portion of the General Dispensary, United States Army, was moved from the Munitions Building to Walter Reed General Hospital. Normally each record contains identification data, report of diagnosis, any other special reports made, and a summary of the disposition of the case. In most cases the record occupies only a few lines, but there are a few that are quite bulky. No matter how long the case lasts, however, this record is never consolidated with the hospital clinical record. The out-patients' files are folded to 4" x 8" and enclosed in envelopes filed alphabetically by the names of the patients. There are no indexes to the records, which amount to 300 linear or 45 cubic feet.

Other Records

1. A separate file of x-ray films is maintained elsewhere in the hospital. This file is supposed to include not only copies of all x-rays taken at the hospital but also copies of the chest and other x-rays of all officers entering on active duty since about January of 1940. This latter group of x-rays supplements the collection held by the Veterans' Administration, covering all Army enlisted men who have been inducted into the Army since October, 1940, and some of the enlisted men already in the Regular Army. It was not possible to check the degree to which this file is actually complete.

2. Each clinic also retains for about two years copies of the re-

ports which it makes on patients. The original copies of these reports are found in either the hospital clinical record or the out-patient record.

Restrictions on Records

1. The medical records of the hospital are restricted, and to consult them permission must be secured from the Commanding Officer through the Executive Officer, Walter Reed General Hospital.

Cooperation with Other Government Agencies

1. Whenever the Veterans' Administration requests the clinical record of a former patient, a brief of the record (Form 55A) is made and substituted in the files for the original record, which is then forwarded to Veterans' Administration. Technically the record is "loaned" to the latter, but in actuality the action taken is tantamount to transferring it permanently. This practice was initiated in 1935, and prior to that time copies of the original record were made and forwarded.

2. A constantly increasing number of men is being given certificates of disability, or medical discharges from the Army at the hospital, and the hospital is responsible for collecting from other hospitals the clinical records of any hospitalizations received by the subject man. In addition the hospital must secure a copy of the subject man's induction papers from The Adjutant General's Office. All of these papers are then forwarded to the Veterans' Administration.

3. If a patient at Walter Reed General Hospital is transferred to another Army hospital for continued treatment, or if he is transferred to a Veterans' Administration hospital or any other Government hospital, with

him is transferred his clinical record, and a brief of the record (Form 55A) is substituted for it in the files. Similarly, the files at Walter Reed General Hospital include many records created at other Army hospitals and forwarded with patients transferred to it from those hospitals; in each such case, of course, the records of treatment at Walter Reed General Hospital are added to the clinical record initiated by the medical unit first treating the patient.

4. In the case of patients sent to the hospital by the Veterans' Administration, the original clinical record is forwarded to that agency and no brief of it is retained. The hospital does, however, maintain in a separate file all of the administrative records concerning such patients.

5. The clinical records of patients from the Royal Air Force and Royal Canadian Air Force treated in the hospital are forwarded to those services in a like manner.

Administrative and Research Use of the Records

1. Since the war started the records have not been used for research, chiefly because the professional, custodial, and administrative staffs are preoccupied with current work. In peacetime ample facilities could be provided.

2. Probably because so many retired Army officers make their homes in Washington, D. C., more use is made of old clinical records at this hospital than would be made of similar records at many Army hospitals. A good many of these retired officers eventually return to the hospital as patients with greater or less frequency during their retirement and in such cases the availability of the earlier clinical records on the same man is advantageous.

Comments

1. The clinical records indicate that about 205,000 persons have been treated at the hospital since its establishment. This number would seem small if compared with the admissions of a private hospital with about the same facilities and physical plant. However, the hospital is a general hospital and patients are admitted or transferred to it from post hospitals only when they require advanced treatment or prolonged hospitalization. Treatment of such patients obviously requires greater specialization of the professional staff, more equipment, more physical plant, and more attention in general, and the patients often are hospitalized for long periods.

2. The records are in good condition and are filed in steel equipment. The rooms they occupy are clean, dry, and fairly well ventilated, but not fireproof.

3. As noted above, a large part of the original records may be forwarded to the Veterans' Administration in the future and the hospital will not be confronted with a space problem at least until after the war. Superficial examination indicates that the staff is aware of the permanent character and value of the medical records, and that any suggestions or recommendations for their betterment will be well received.

APPENDIX I

MEDICAL SERVICE
List of Sections (Clinics)

General Medical Section No. 1
General Medical Section No. 2
Infectious Diseases Section
Gastro-Intestinal Section
Cardiovascular Renal Section
Neuropsychiatric Section
Occupational Therapy, Neuro-psychiatry

SURGICAL SERVICE
List of Sections (Clinics)

General Surgery Section No. 1
General Surgery Section No. 2
General Surgical Section No. 3
Anesthesia and Operative Section
Septic Surgery Section
Ear, Eye, Nose and Throat Section
Physical Therapy Section
Fever Therapy Section
Obstetrics and Gynecology Section
Roentgenological Section
File Room X-ray Films Officer Candidates
Urological Section
Orthopedic Surgery Section
Occupational Therapy, Orthopedic Section
Shop Orthopedic Appliances

LABORATORY SERVICE
List of Clinics

Bacteriology
Pathology
Serology
Chemistry
Basal Metabolism

DENTAL SERVICE
List of Sections (Clinics)

Emergency Dental Officer
Operative Section
Oral Surgery Section
Prosthetic Section

OUT-PATIENT SERVICE
List of Sections (Clinics)

Physical Examining Section

APPENDIX II

LIST OF MEDICAL DEPARTMENT FORMS USED IN WALTER REED GENERAL HOSPITAL CLINICAL RECORDS

Form 55A - Clinical Record Brief
Form 55B - Chief Complaint--Condition on Admission--Previous Personal History
Form 55C-1 - Physical Examination
Form 55C-2 - Special Examination or Additional Data
Form 55D - Initial Summary, Working Diagnosis, Contemplated Laboratory Tests, and Consultations
Form 55E-1 - Consultation Request and Report
Form 55E-2 - Ophthalmologic Examination
Form 55E-3 - Ear, Nose, and Throat Examination
Form 55E-4 - Dental Examination
Form 55E-5 - Dental Record
Form 55E-6 - Proctoscopic Examination
Form 55E-7 - Urologic Examination
Form 55E-8 - Gynecologic Examination
Form 55E-9 - Allergy Examination
Form 55F - Progress Notes
Form 55G-1 - Treatment
Form 55G-2 - Diabetic Record
Form 55H-1 - Temperature--Treatment--Nurse's Notes
Form 55H-2 - Temperature Graphic Chart
Form 55I - Graphic Chart
Form 55J - Electrocardiograph Report
Form 55K-1 - Radiologic Record
Form 55K-2 - Radiologic Report (attached to Form 55K-1)
Form 55K-3 - Record of Roentgen Therapy
Form 55K-4 - Record of Radium Therapy
Form 55L - Laboratory Reports

1 - Blood	9 - Feces
2 - Blood (Chemistry)	10 - Carbohydrate Tolerance
3 - Serology	11 - Renal Function (Conc. or Dil.)
4 - Spinal Fluid	12 - Renal Function (P.S.P.)
5 - Urinalysis	13 - Renal Function (Urea Clearance)
6 - Urinalysis (Quantitative)	14 - Basal Metabolism
7 - Sputum	15 - Miscellaneous
8 - Gastric Analysis	

Form 55M - Pathological Examination of Tissues
Form 55N - Physiotherapy Record
Form 55O-1 - Preoperative Examination and Anesthetic Record
Form 55O-2 - Operation Report
Form 55O-3 - Authorization for Operation or Spinal Puncture
Form 55P - Fracture Record
Form 55Q-1 - Prenatal Record
Form 55Q-2 - Labor Record
Form 55Q-3 - Neonatal Record

IV. NAVY DEPARTMENT

A. Introduction

General Information

1. There are medical records created within the past thirty years in the custody of the Navy's Bureau of Naval Personnel and Bureau of Medicine and Surgery, and in Naval hospitals scattered throughout the country. In addition the Coast Guard, which is a part of the Treasury Department in peacetime but is currently a part of the Navy Department, maintains its own medical records.

Records in the Bureau of Naval Personnel

1. The functions of the Bureau of Naval Personnel are limited to those of a personnel office in charge of matters relating to officers and enlisted men of the Navy, so the only records of medical interest in the custody of the Bureau are those included in the service records of individuals. For the most part these consist of reports of physical examinations, and in the case of officers the reports often cover a considerable span of years and have been made with regularity under standardized conditions. The service records of enlisted men separated from the service between 1885 and 1935 and those of officers separated between 1917 and 1935 are now in the Naval records depository in Philadelphia. These files amount to about 17,000 cubic feet in volume, and the records of officers and men now on active duty or separated from the service since 1935, which are in the Bureau of Naval Personnel in Washington, will probably amount to about 25,000 cubic feet at the end of the present war and the demobilization period that will follow.

Records in the Bureau of Medicine and Surgery

1. The Bureau of Medicine and Surgery is charged with and responsible for the maintenance of the health of the Navy, for the care of the sick and injured, for the custody and preservation of the records, accounts and properties under its control and pertaining to its duties, and for the professional education and training of officers, nurses, WAVES, and enlisted men of the Medical Department. Thus the Bureau is primarily concerned with keeping itself informed as to the current state of the health of the Navy, and with disseminating information and equipment to meet the daily demands of the Medical Department in the field.

2. Each division within the Bureau of Medicine and Surgery retains in its custody certain records that it creates or receives from the field, but the most important medical records in the Bureau are the health records of officers and men. Each record consists of a small booklet that accompanies the officer or enlisted man throughout his service with the Navy and in which information relative to his physical condition at the time of entering on active duty, his hospitalizations, his treatments as an out-patient, and all other medical information about him is entered. Upon termination of the individual's active service this health record is completed and forwarded to the Bureau of Medicine and Surgery for permanent preservation. An officer's health record is closed and a new one opened each year when the officer receives his annual physical examination.

3. At the present time the health records are in four separate files in the Bureau: (A) skeleton records for men still in service;

(B) health records of men separated from the Navy or Marine Corps after December 31, 1940, who are still alive; (C) health records of individuals separated from the Navy or Marine Corps prior to January 1, 1941; (D) health records of deceased individuals whose records were formerly filed in one of the first two groups. The accumulation of health records in the Bureau, consisting of about 4,000,000 individual folders, has a total volume of about 11,500 cubic feet. The folders in each group are filed alphabetically by the names of the individuals.

4. The Bureau has in its custody other groups of reports that are primarily designed to serve as bases for statistical analyses of the state of health of the Navy's personnel, of the services rendered by the Medical Department to the Navy's personnel, and of various other factors influencing the physical well-being of the Navy's personnel. None of these groups of records is of any large volume.

Records in Naval Hospitals

1. For technical research the most important medical records in the possession of the Navy are the clinical records in the custody of the various hospitals scattered throughout the continental United States and overseas. Under Navy procedures these clinical records remain in the hospital creating them until the hospital is closed, when they are transferred to the most convenient storage place. There have been occasions when old clinical records were intentionally destroyed, but these incidents have been very rare. Almost invariably the Veterans' Administration is satisfied with the information furnished to it by the Bureau of Medicine and Surgery from the health record of a veteran claimant, so that there is no

procedure in Naval hospitals corresponding to that in Army hospitals whereby many veterans' records are transferred to the Veterans' Administration. Inasmuch as the strength of the Navy, together with that of the Marine Corps, will probably at no time exceed one half that of the Army and inasmuch as the greatest growth in personnel of the Navy is taking place about three years later than did that of the Army, the volume of clinical records in Naval hospitals at the end of the war will presumably be very much smaller than the volume of comparable records in Army hospitals at that time. Altogether the accumulation of these records in the custody of the Navy may approach 50,000 cubic feet in bulk, but it probably will not exceed that figure.

Records in the Coast Guard

1. The Medical Division of the Coast Guard is responsible for the medical care of Coast Guard personnel and it discharges this responsibility independently of the Bureau of Medicine and Surgery in the Navy Department. The Coast Guard does not maintain hospitals, and most Coast Guard personnel needing hospitalization are treated in institutions of the Public Health Service or those of the Navy. With a few minor exceptions the medical records system of the Coast Guard is similar to that of the Navy. Health records for each officer and enlisted man were initiated in 1933, and they are maintained and administered just as are the health records of Naval personnel except that after a Coast Guardsman is separated from the service his record is filed in the Medical Division of the Coast Guard. One notable exception to the similarity of the Coast Guard system to that of the Navy Department is the practice, resembling that of the Army, of

sending a complete transcript of the health record of a man discharged from the service for medical reasons to the Veterans' Administration at the time the man is discharged.

Comments

1. The current business of the various bureaus of the Navy Department does not often involve technical information concerning the treatment of individuals. These offices are concerned with the medical care of Naval personnel as a group. Policies, budget estimates and procurement programs must be formulated on the basis of information that is most easily secured from the statistical reports compiled by medical units in the field. Information for administrative use is not normally obtained from the great mass of noncurrent clinical records. The retention of these clinical records in the hospitals creating them is indicative of the fact that statistical reports are sufficient for most administrative purposes.

2. The Veterans' Administration seldom needs information from a Naval clinical record. Almost without exception sufficient information can be furnished by the Bureau of Medicine and Surgery from the health record of an individual to enable the Veterans' Administration to adjudicate a claim. As a general rule this information is supplied in the form of a reproduction or an abstract of the health record, so that the Bureau's collection of health records is not subject to diminution by virtue of demands made by the Veterans' Administration. And only very rarely are there demands for the alienation of a Naval clinical record.

3. During the present war Naval officers are continuously using the clinical records in Naval hospitals for research purposes. Often,

of course, an individual doctor is using records created by himself in the course of his professional work, but undoubtedly there are occasions on which he avails himself of the record products of another doctor's labors. Some at least of the Navy's doctors feel that in so doing the staffs of Naval hospitals are making a maximum use of Naval clinical records for technical research, and that after the records have become noncurrent they have also ceased to be useful for such research. Nevertheless, only in a few instances have these clinical records been recommended for destruction.

4. The health records do not seem suitable for technical research. They are created primarily to satisfy administrative needs, and they are primarily skeletonized records. If they were used in conjunction with clinical records, the information contained in them relating to individuals between hospitalizations might be enlightening, but only by thus using them to supplement clinical records does there seem to be any likelihood of their being valuable for technical research.

B. Bureau of Naval Personnel

General Information

1. The Bureau of Naval Personnel is responsible for the procurement, education, training, discipline, and distribution of officers and enlisted personnel of the Navy, including the Naval Reserve and the Reserve Officers' Training Corps, except the professional education of officers, nurses, and enlisted men of the Medical Department. As a corollary to this responsibility the Bureau keeps the service records of all officers and men, as did its predecessor, the Bureau of Navigation.

2. Although the service records of officers and men maintained by the Bureau of Naval Personnel (and formerly by the Bureau of Navigation) are similar to the military service records maintained by The Adjutant General's Office for officers and enlisted men of the Army, the Bureau of Naval Personnel does not assume custody of the records of discontinued Naval commands. Therefore the records in the custody of the Bureau of Naval Personnel are similar to only one of the two large groups of records in the custody of The Adjutant General's Office that include medical data.

Medical Records in the Personnel Files

1. The Bureau maintains a file on enlisted personnel separated from the Navy since 1885, arranged alphabetically by name and closed once at the end of 1931. In this file there is a jacket measuring about 4½" x 9" for each man and in this jacket have been placed copies of all orders, correspondence, reports, and other papers concerning him.

2. Similar jackets or folders (varying with the time at which they were started) have been established for each officer separated from the Navy since 1885. The folders for the period 1914-39 are now in the Naval records depository in Philadelphia; those for men separated from the Navy since that date are still in the Bureau. The entire file is indexed, so that it is not difficult to locate the folder of any given officer. Each officer is given a file number (not the same as his Navy serial number) and all material thereafter received by the Bureau relating to him as an individual is filed under that number. This file has not been closed since it was originated in 1885.

3. Neither of these two files contain as high a percentage of medical material as do the analogous files maintained in The Adjutant General's Office, for there are no records comparable to the Forms 52 submitted from the field to The Adjutant General's Office reporting hospitalization of individuals. Health records (Form H-1) for each individual are maintained in the Bureau of Medicine and Surgery, not in the Bureau of Naval Personnel, so that in order to collect all the available information about an officer or enlisted man in the Navy the searcher would have to go not only to the Bureau of Naval Personnel and the Naval hospitals in the field, but also to the Bureau of Medicine and Surgery.

4. The only medical information included in a typical officer's personnel records is contained in copies of the proceedings of special examining boards and copies of reports of physical examinations (Form Y), which amount to only a small portion of the total volume of the file but inasmuch as these records reflect the physical condition of an individual over a period of years, they have certain value for medical research.

5. The enlisted men's jackets in the Bureau for the period 1885 through 1935 for men no longer in active service amount to 15,692 cubic feet. The records of officers separated from the service between 1917 and 1935 amount to about 1,313 cubic feet. The entire personnel records problem of the Navy is not comparable to that of the Army, inasmuch as from the establishment of the Navy until the outbreak of the present war only about 1,500,000 enlisted men had been on the Navy's rolls, whereas the Army included more individuals than that during the Civil War alone. Nevertheless during the present war the Navy will probably include between

3,000,000 and 4,000,000 men, and the personnel records of these individuals will probably amount to about 25,000 cubic feet.

Restrictions

1. The records in the custody of the Bureau of Naval Personnel are restricted and can be consulted only with the permission of the chief of that Bureau or his authorized representatives.

Cooperation with Other Government Agencies

1. Almost all of the information needed by the Veterans' Administration to adjudicate claims is obtained from the Bureau of Medicine and Surgery, so there are not any unusual demands made by the Administrator of Veterans' Affairs on the Bureau of Naval Personnel. No other agency of the Government has any considerable need for the records in the Bureau's custody.

Administrative and Research Use of the Records

1. The Navy's personnel records are extensively used for administrative purposes, but so far as is known little or no medical research has been based on them.

Comments

1. The Bureau of Medicine and Surgery so far overshadows the Bureau of Naval Personnel as a repository for records of medical importance that the latter's holdings are almost negligible.

C. Bureau of Medicine and Surgery

General Information

1. The Bureau of Medicine and Surgery is under the direction of the Surgeon General of the Navy, who is responsible for the medical treatment and maintenance of the health of all naval personnel. Thus the Bureau is primarily concerned with keeping itself informed as to the current state of the health of the Navy, and with disseminating information and equipment to meet the daily demands of the Medical Department in the field.

2. The Bureau is divided into 13 divisions, besides the offices of the Surgeon General and his immediate assistants, but only three of these divisions maintain files of significance for this survey. Internally the records keeping system of the Bureau includes a central file in the Administration Division that receives record copies of all papers of an administrative or general nature. The Division of Physical Qualifications and Medical Records maintains and administers a centralized file of the health records, which are the personal medical records of all personnel of the Navy, from 1911 to date. Most of the statistical work is performed in the Division of Preventive Medicine. The statistics normally may be divided into two general categories: (a) those dealing with illness, disability, casualties, invalidings from service, death, and similar events, and (b) those dealing with treatment, operations, dentistry, bed occupancy, and other matters concerning medical facilities.

3. Each Division within the Bureau of Medicine and Surgery retains in its custody certain records that it creates or receives from the field. For the most part these records are necessary to the daily operations of

the particular offices, and it is more convenient to have them physically located in the office concerned. Some of these records, however, contain technical data which requires limited circulation for security reasons.

4. A special nomenclature of diseases and injuries is used by the Navy. It groups all diseases and injuries into 27 anatomical, epidemiological, and miscellaneous classes. Within each class the diagnostic titles, as a rule, are arranged in alphabetical sequence and each title is assigned a diagnostic number that is used for identification and coding purposes. To supplement this nomenclature the Bureau also issues a "Nomenclature of Surgical Operations" and a "Nomenclature of Nature and Causes of Violence." Medical officers and others of the Medical Department are directed to use all three of these nomenclatures in almost all reports.

5. Naval hospital units retain their clinical records, and no effort has been made to centralize the records of hospitals discontinued since 1911. Instead, the records of discontinued hospitals have been transferred to the nearest operating unit with facilities to accommodate them. The health records, which are collected and eventually filed in the Bureau of Medicine and Surgery, contain abstracts of each hospitalization, but these abstracts are very brief and do not contain details concerning the treatment of the subject patients that are found in the clinical records of the hospitals.

6. Normally, each hospital has two files of clinical records, one containing the records of patients still in the hospital, and the other containing the records of patients who have been discharged. The active file (containing only administrative papers not needed in the ward) is

usually arranged alphabetically by the names of the patients, while the inactive file frequently is arranged numerically by serial numbers. Finding mediums to these records comprise an alphabetically arranged index called "Muster Cards", and bound "Hospital Registers".

7. The clinical records contain the same type of information and reports found in the clinical record of most modern hospitals. The papers are generally fastened in a letter size manila folder that is then placed in a manila envelope 9½" x 14". Transcripts of the clinical records, instead of the original records, are usually supplied in reply to legitimate requests from other hospitals or agencies.

Health Records

1. The health record in the Bureau for a person on active duty is only a skeleton record, since the field health record, comprising a cumulative abstract of all of his medical treatment (including out-patient treatment at hospitals or dispensaries) and hospitalization, is not closed and forwarded to the Bureau until he is separated from the service. These records are never used for statistical purposes.

2. When an enlisted man (or woman) enters on active duty in the United States Navy one health record (Form H-1) is opened for him and accompanies him from assignment to assignment throughout the span of his active duty with the Navy, and a second health record is opened for him in the Bureau in the Division of Physical Qualifications and Medical Records. Upon termination of his service the Form H-1 health record is completed and forwarded to the Bureau of Medicine and Surgery where it is combined with the skeleton record already there and permanently filed.

Officers' Form H-1 health records are closed and forwarded to the Bureau at the end of each calendar year, since every officer is given a physical examination at least once a year, usually during the last quarter. If he is promoted during the interim his health record is closed and forwarded at the time of promotion.

3. The Form H-1 health record that accompanies the man is a booklet 4" x 9¼" containing forms entitled: Physical Examination (Form H-2), Medical Abstract (Form H-3), Dental Record (Form H-4), Abstract of Service (Form H-5), Syphilitic Abstract (Form H-6), Abstract of Antileutic Treatment (Form H-7), Medical History (Form H-8).

4. In the Bureau, in the case of an enlisted man, a health record is opened when a copy of his physical examination (Form H-2) or a copy of the Selective Service physical examination report (Form DSS 221) is received. Health records for officers are opened in the Bureau after notification of appointment is received from the proper authority.

5. These records, plus x-rays made at the time of induction and correspondence concerning him, comprise the man's health record in the Bureau until he is relieved from active duty; then his Form H-1 field health record is closed and forwarded to the Bureau and is filed in his folder with the other papers already there. This system of keeping health records was started in the Navy about 1911.

6. There was no indication that anyone in the Bureau thought that the health record duplicated or replaced the clinical records, but rather the consensus of opinion seemed to be that they constituted two primary sources of information used for different purposes.

7. Until recently the health records were filed in document size jackets 4½" x 10" in a numerical arrangement with an alphabetical index by the name of the man on 3" x 5" cards. During the last year the papers from most of the old document files have been placed in letter size manila folders and the records rearranged in four alphabetical files by the names of the men, and designated the A, B, C, and D file.

8. The "A" file contains the health records of all active duty personnel in the United States Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, and Fleet Reserve. It also includes the records of all personnel on the retired list.

9. The "B" file contains the health records of all personnel whose separation from the Navy or Marine Corps occurred after December 31, 1940, and who are still alive. December 31, 1940, was arbitrarily selected as the breaking point for the file and has no particular significance.

10. The "C" file contains the health records of all inactive duty personnel whose separation from the Navy or Marine Corps occurred prior to January 1, 1941, and also those of all applicants for appointment and of individuals who have been recommended for waiver for enlistment prior to January 1, 1941, but have not been activated. This file also contains health records of all persons in the last two categories that have become deceased.

11. The "D" file contains the health records of all deceased persons whose records were formerly filed in files "A" and "B".

12. Together these four files contain the health records of all personnel of the United States Navy from 1911 to date, amounting to about

4,000,000 individual folders with a total volume of about 23,200 linear or 11,500 cubic feet. These records are not indexed. The alphabetical index to the old documentary file is of no value since the health records are now filed alphabetically. The records are filed in standard 4 and 5 drawer letter size steel file cabinets, which occupy the major portion of 4 floors of a building located at 23rd and E Streets, N. W., Washington, D. C.

Primary Statistical Records

1. The basic sources for most of the statistics compiled in the Division of Preventive Medicine are the Form F card (Individual Statistical Report of Patient) and Form F (Abstract of Patients).

2. The Form F card (approximately 3¼" x 7½" in size) contains such data as the name, race, date and place of birth, length of service, rank or rate, diagnosis, manner of admission and discharge, and the place of admission of the patient. If the patient has been injured a description of the causative agent is given. An F card is made in duplicate (the duplicate is known as the FA card) upon the disposition of every case. When the unit closes or otherwise disposes of the case the FA card is sent to the Division of Preventive Medicine in the Bureau of Medicine and Surgery and the F or original card is retained by the reporting unit.

3. There are six manners of disposition or discharge from the sick list: (1) disposition to duty, (2) change of diagnosis, (3) transfer to another hospital, (4) death, (5) invaliding from the service, and (6) desertion. But if a man is admitted to the sick list on a destroyer for a

serious injury, such as a broken neck, and is then transferred to a hospital ship, and finally to a hospital ashore from which he is invalided from the service, the Bureau will receive three cards. One FA card would come from each unit, but the three cards in the Bureau would represent one broken neck when the cards were matched.

4. When the cards are received at the Bureau they are edited, coded, and certain information from them is punched on cards. Since 1939 another card has been punched for filing by diagnosis but there is only an indirect relation between this punch card and the health record. The Bureau has on hand the FA cards, filed according to a code punched on each card, for the period 1940 to date. In volume they amount to about 580 linear or 180 cubic feet. These cards for the period prior to that time presumably were destroyed as of not sufficient value to warrant further preservation by the Government.

5. A Form F (Abstract of Patients), known in the Bureau as the "Smooth F", is prepared at the end of each month by every medical unit from the original or rough copies of the Form F cards that it has retained, and is also forwarded to the Division of Preventive Medicine. Essentially this report is a tabulation of the information on the F cards, duplicates of which (Forms FA) have been forwarded to the Bureau by the reporting unit during the month. It lists all personnel on active duty who were on the sick list during the month, and for each gives the name, service number, rank or rate, diagnosis, disposition, and number of sick days. In addition it notes the average strength of the unit served by the medical unit during the month. The Bureau has on hand about 40 linear or 32 cubic feet of

these records for the period 1942 to date. Those from 1874 through 1941 are at present in the National Archives.

Additional Statistical Records

1. In addition to these primary sources for statistics, each ship, station, or other naval unit is required to forward a monthly Communicable Disease Report, a monthly Sanitary Report, an Annual Sanitary Report, and a special Epidemiological Report whenever any disease occurs in epidemic form. Appropriate units submit a Weekly Dispatch Report that contains data on average strength, admissions for selected communicable diseases, and total admissions of the unit. A Weekly Hospital Report, which contains patient count and bed capacity data, is also forwarded to the Bureau by the appropriate units.

2. The Monthly Sanitary Report is not required of all units and is not received from many units in a zone of operations. Furthermore, there are no prescribed instructions governing its content and form, so the reports vary from terse comments on a single page to rather bulky dissertations on local conditions. The report usually contains information for statistical rather than general uses, but occasionally technical data reflecting recent experience is included. These records in the Bureau, for the period 1940-44, amount in volume to 20 linear or about 16 cubic feet.

3. An Annual Sanitary Report is submitted by all units and contains statistical tabulations of illnesses and injuries of both officers and enlisted men, including individual diagnoses of communicable diseases classified according to cause of admission, admitted contributory disability, data on inoculations, death, and sick days. Some of the reports contain

information concerning epidemic or other unusual conditions that might be useful for medical research. The report, however, is primarily designed to collect statistical data. The Annual Sanitary Reports for the period 1919 to date are filed in the Bureau and amount in volume to 30 linear or about 20 cubic feet.

4. The Monthly Communicable Disease Report contains data on the average strength of the unit, total admissions, and new admissions for all communicable diseases. Besides this report a special Epidemiological Report is made by the medical officer of a ship or shore station upon the occurrence of any communicable disease in epidemic form. These reports are on file in the Bureau from about 1924 to date and now amount in volume to 25 linear or 20 cubic feet.

X-rays

1. Chest x-rays of men inducted in the Navy are not forwarded to the Veterans' Administration by Selective Service, as are those of enlisted men inducted into the Army. The chest x-rays made at the time of induction of naval personnel are forwarded to the Bureau of Medicine and Surgery where they are filed in the appropriate health record. Some of the pictures are 14" x 17", too large for filing in letter size folders, but this problem is solved by cutting the picture into equal quarters. The volume of the pictures is included in that of the health records.

Other Records

1. The Division of Aviation has about 50 linear or 40 cubic feet of answers to psychological tests given preflight and other personnel

since 1938. There are also about 60 linear feet of punch cards containing data taken from these records.

2. The Bureau collects a quantity of statistical data concerning mental diseases, much of which is taken from the FA cards.

Restrictions

1. The records are restricted and can be used for research only with the permission of the Surgeon General of the Navy or his representative.

Cooperation with Other Government Agencies

1. The Division of Physical Qualifications and Medical Records receives about 200 requests per day from the Veterans' Administration for health records. Only under very exceptional circumstances is the entire original record, or a reproduction of the entire record, sent in answer to one of these requests. Normally a transcript or reproduction of only the pertinent parts of the original record is forwarded. It is estimated that the cost of reproducing these records amounts to at least fifty cents each. The Veterans' Administration has found that the health record contains sufficient information to enable it to adjudicate most of the claims from former Naval personnel without requesting the hospital clinical record. The Veterans' Administration has found it desirable, however, to station one of its employees at some of the naval hospitals to examine the clinical records on the spot and secure desired information on the degree of disability of personnel leaving the service. In the event that a patient in a naval hospital is transferred to a hospital

operated by the Veterans' Administration or to any other Government hospital, a transcript of his clinical record is forwarded with him.

Administrative and Research Use of the Records

1. Some research is, of course, a part of certain daily operations of the Bureau of Medicine and Surgery, but other than this the records have not been used for research purposes since the war started. Just prior to the beginning of the War, Captain H. H. Montgomery based a study of venereal diseases on the health records.

2. In general, the records of the Bureau are needed for administrative use for about 15 years after their creation. With respect to the health record, however, the length of this period would depend on the status of the individual's service. It is certain that when demobilization day comes a large quantity of the health records will be of no further administrative value to the Bureau, since the individuals will be separated from the Navy.

Comments

1. The health record abstracts the hospital clinical record, and to some extent fills in medical information on the individual between hospitalizations. If the health records and clinical records could be used together the medical information on each individual would be continuous, although in greater detail for period of hospitalization covered by clinical records.

2. There is no index by disease to the health records in the Bureau of Medicine and Surgery, nor do all Naval hospitals have an index by dis-

ease for their clinical records.

3. Other than the health records, the Bureau of Medicine and Surgery seems to have very few records of potential value for technical medical research. There is a considerable body of records that constitutes primary source material for future research in the field of medical history.

D. United States Coast Guard

General Information

1. In time of war the Coast Guard operates as a part of the Navy, but it performs the tasks assigned to it as a more or less independent unit. The Medical Division of the Coast Guard is responsible for the medical care of Coast Guard personnel and it discharges this responsibility independently of the Bureau of Medicine and Surgery in the Navy Department. The Medical Division is under the direction of a Chief Medical Officer who is responsible to the Commandant of the Coast Guard.

2. The Coast Guard does not have its own hospitals and most of its personnel in need of medical attention are treated in hospitals of the Public Health Service, although a considerable number are now being cared for in Naval hospitals. With a few minor exceptions, the medical records system of the Coast Guard is identical with that of the Navy.

Health Records

1. The current practice of maintaining a health record for each officer and enlisted man was started in the Coast Guard in 1933; prior to that time only statistical reports were forwarded to headquarters.

Under the present system when a person joins the Coast Guard a health record is immediately opened for him and a copy of his Physical Examination Record (Form 2525B) is forwarded to headquarters. As soon as this copy is received by the Medical Division, it is examined and filed in the man's personnel file. If the man happens to be an inductee his report of physical examination, Form DSS 221, is also forwarded to the Medical Division where it is examined and then filed in his personnel file. All induction x-rays received by the Medical Division are forwarded to the Public Health Service where they are filed after review by a doctor of that Service, who is detailed as tuberculosis control officer for the Coast Guard.

2. Another copy of each man's Physical Examination Record (Form 2525B) is placed in a document size 4" x 10" health record cover (Form 2525) and this record accompanies the man throughout his service. A brief statement of the medical care given him is added to this record each time that treatment for an affliction or injury is completed.

3. An officer's health record is closed and forwarded to the Medical Division each year when he takes his annual physical examination. In all other cases the health record stays with the man until his service with the Coast Guard is terminated; then it is closed and forwarded to the Medical Division (see Appendix for list of forms appearing in a health record).

4. The Division receives about 600 closed health records per month and they are filed in an inactive file for regular personnel or in an inactive file for reserve personnel. The inactive health records of regular service personnel amount in volume to 95 linear or 30 cubic feet;

and there are 148 linear or 50 cubic feet of records of reserve personnel.

5. The Medical Division holds the health records of the personnel attached to Coast Guard headquarters in an active file. If one of these men is transferred to another unit his record is pulled from the files and accompanies him to his new post; if he is discharged his record is closed and filed with the inactive records as though it had been forwarded from the field. The active file amounts in volume to 8 linear or about 2 cubic feet.

Statistical Records

1. Form 2522, Application to the U. S. Public Health Service for Relief for the Personnel of the U. S. Coast Guard, Return Medical Certificate, and Final Medical Certificate, is the basic statistical record of the Medical Division. When a man needs medical treatment the commanding officer of his unit fills out the application and forwards it with the man to the medical officer. After his examination of the patient the medical officer returns two copies of the application and of the return medical certificate to the Coast Guard officer who signed the application. The latter retains one copy in his file and sends the ribbon copy to headquarters. When the patient's case is closed this procedure is repeated with the remaining half of Form 2522, the Final Medical Certificate. Thus there are three copies of this form; one for headquarters, one for the patient's unit of the Coast Guard, and one for the medical officer. If the patient is transferred from one medical unit to another, notice of his transfer is sent to headquarters but an additional application and return medical certificate are not made.

2. When a Form 2522 is received by the Medical Division, the following information from it is posted on a 4" x 6" card: Name of patient, diagnosis, duration of illness, and status of patient. The Form 2522 is then filed in the personnel jacket of the patient. The 4" x 6" cards containing this information amount in volume to 91 linear or 11 cubic feet.

3. Since 1930 the Division has received from every major unit of the Coast Guard a monthly sick and wounded report that gives the following information concerning each person reported: Name, service number, rate, diagnosis, treatment, and number of days off duty. There are about 40 linear or 30 cubic feet of these records arranged alphabetically according to the names of Coast Guard units, cities, or localities.

4. The Public Health Service also forwards a monthly report of all Coast Guard personnel given medical care in its facilities.

Restrictions

1. The records of the Medical Division can be consulted only with the permission of the Chief Medical Officer or his representative.

Cooperation with Other Government Agencies

1. When a man is separated from the service for medical reasons after a medical survey, a certified copy of his health record and a copy of the report of the survey are automatically sent to the Veterans' Administration. Certified copies of the health records of men discharged for other reasons are sent to the Veterans' Administration upon request. Altogether about 600 certified copies of health records each month are

furnished to the Veterans' Administration by the Coast Guard.

Administrative and Research Use of the Records

1. The administrative usefulness of the health record terminates within 1 year after the man has been separated from the service.

2. The health records of the Coast Guard have not been used for research since the war started.

Comments

1. The information contained in the health records seems to be too brief for technical research purposes. The health record, however, contains certain information concerning treatment received as an out-patient that is not to be found in clinical records. Thus the health record indicates the medical history of the subject man between hospitalizations, and for this reason it might be of importance to a researcher.

APPENDIX

LIST OF FORMS THAT APPEAR IN THE HEALTH RECORDS OF THE U. S. COAST GUARD

NCG 2525 - Health Record Cover

NCG 2525-A - Dental Record

NCG 2525-B - Physical Examination Record

NCG 2525-C - Vaccination and Inoculation Record

NCG 2525-D - Medical History

NCG 2525-E - Termination of Health Record

E. National Naval Medical Center, U. S. Naval Hospital, Bethesda, Maryland

General Information

1. There was a naval hospital in Washington as early as 1812, and although it has occupied several sites, its operation since then has been continuous. Ground was broken for the present National Naval Medical Center buildings on June 29, 1939. The Medical Center includes the Naval Hospital, Naval Medical School, Naval Dental School, and a Research Laboratory. The Commanding Officer of the hospital is responsible to the Commanding Officer of the Medical Center, to the Surgeon General of the Navy, and through them to the Secretary of the Navy.

2. Organizationally the hospital is divided into an administrative division, which performs the housekeeping, clerical, and fiscal functions; and a clinical division, which is responsible for the care and treatment of patients (see Appendix I for a list of organizational units). The hospital provides medical services to all Navy personnel (on active duty or retired) and their dependents in Washington, D. C., and vicinity. The hospital receives some patients from other naval hospitals and from overseas, and it also cares for all officer mental cases east of the Mississippi River. Most of the officer mental cases west of the Mississippi River are cared for by the Public Health Service hospital located at Fort Worth, Texas, but a few from as far west as San Francisco are received at the Medical Center. Many of these patients are eventually transferred to St. Elizabeth's Hospital.

3. Since 1911 the hospital has treated about 81,000 patients. About 34,000 of these were treated after January 1, 1941. At present the hospi-

tal averages between 50 and 60 admissions per day, but occasionally this figure will be as high as 100 in a single day.

4. A few out-patients are treated at the hospital, but it does not normally receive and care for out-patients. The Naval Dispensary at the Navy Department on Constitution Avenue, Washington, D. C., provides dispensary service to Naval personnel in this locality. The records of the few out-patients treated at the hospital are forwarded to the Naval Dispensary.

5. The clinical records of the hospital are in the custody of the Personnel Record Office, which has about 30 employees.

Hospital Clinical Records

1. The practice of keeping a separate clinical record for each patient at the hospital was begun about 1911. Thereafter, as each patient was admitted he was assigned a registration number and his name was entered in the General Register of Patients.

2. The hospital's clinical records from 1911 to date are now divided into three series: (1) inactive records, 1911-1925, (2) inactive records, 1925-1944, and (3) active records for patients now in the hospital. The inactive records 1911-1925, are folded 4½" x 10" in manila envelopes; each file consists mostly of correspondence, together with very sketchy technical data concerning the patient's physical condition and treatment. The records are numerically arranged from 001 through 27,293, and amount in volume to 500 linear feet or 175 cubic feet.

3. The inactive clinical records covering the period from about 1925 to date are vertically flat filed in letter size manila folders. These

are modern records created under the records system currently in use at the hospital. A typical record includes: (1) Orders for Transfer, (2) Report of Physical Examination, (3) Report of Civilian Medical, Dental, and Hospital Treatment of the Personnel of the Navy and Marine Corps, (4) Diet Sheet, (5) Notice of Change of Diagnosis, (6) Clinical Notes, (7) Clinical Chart, and (8) Nurse's Notes (see Appendix II for a more extensive list of forms that appear in the hospital's clinical records). When a patient's case is closed an abstract of his clinical record is made on Form H-3, Medical History, and inserted in his health record. At the same time a duplicate copy of this form is filed in his hospital clinical record.

4. If a patient is admitted to the hospital more than once his clinical record is consolidated and filed under his earliest registration number in the current (1925-1944) series of inactive clinical records. There are gaps in the first 27,000 numbers since some of the records of hospitalizations prior to 1925 remain in the 1911-1925 series while others have been consolidated with records created after 1925 and moved to the 1925-1944 group. The inactive records created since 1925 are arranged numerically by registration number and are filed in wooden and steel four-drawer file cabinets. They amount in volume to 850 linear or 680 cubic feet.

5. When a patient enters the hospital the Personnel Record Office makes a folder for his clinical record and places it in the active files. This folder immediately receives the correspondence and other administrative records concerning the patient and ultimately these papers are supple-

mented by the medical records prepared in the wards and clinics by the professional staff. While the patient is in the hospital these folders are kept in a separate file in the Personnel Record Office, arranged alphabetically by the names of the patients. At the time of the survey they amounted to 12 linear or 8 cubic feet in volume.

6. Records of all patients transferred to St. Elizabeth's Hospital and still undergoing treatment at that institution are kept in a separate active file in the Personnel Record Office. Any correspondence and other papers concerning the patient that are received by the hospital are added to the file until the patient dies or his case is closed in some other manner. These papers are then filed with the inactive clinical records, although most of the data found in them are of an administrative nature. The active records of this type amount in volume to 8 linear feet.

7. The hospital's clinical records are controlled by four alphabetical indexes on 4" x 6" cards, called Muster Cards (Form 76B). Each card gives the name, serial (or registration) number, rank or rate, date and place of enlistment, date received, and other information concerning the patient, including an indication of the disposition of his case.

8. The Muster Cards for all inactive clinical records are filed together and amount in volume to 84 linear or 30 cubic feet. There are 3 linear feet of Muster Cards for patients now in the hospital, and 3 linear feet for patients who have been transferred to St. Elizabeth's Hospital. In addition there are about 2 linear feet of Muster Cards that control the clinical records of patients other than active enlisted per-

sonnel, such as, officers, retired personnel, and dependents.

9. The clinical records are not indexed by disease.

General Register of Patients

1. As each patient is admitted to the hospital his name is entered in the General Register of Patients, comprising bound volumes 9½" x 12". The names are entered as the patients are received and each is assigned the next consecutive registration number. Each volume is indexed alphabetically by the names of the patients. Several volumes of these records for the period 1911 to date could not be found, but those that were located amounted to about 4 linear feet.

F Cards

1. Like all other naval medical units attended by a medical officer, the hospital is required to forward to the Bureau of Medicine and Surgery an FA card for every patient whose case has been closed (see report on the Bureau of Medicine and Surgery for a description of the card). The hospital has retained the original F copies of these cards from 1887 to date, but many of them have been lost or inadvertently destroyed. At present there are in the custody of the Personnel Record Office 44 linear or 6 cubic feet of the cards, which are arranged chronologically by year and thereunder alphabetically by the names of the patients.

Other Records

1. The x-ray laboratory maintains a separate file of x-rays. In the past as the pictures have become five years old they have been destroyed.

2. Medical School students perform most of the post-mortem examinations at the hospital, and the original autopsy reports are retained in the School's files. Other record copies of the reports, however, are placed in the appropriate clinical records. The Medical School, Dental School, and Research Laboratory have their own records, but reports and other papers concerning individual patients are duplicated in the hospital clinical records.

3. The Officer of the Day records any unusual events in a volume called the Medical Journal. This record is created for administrative purposes and does not contain data concerning the care and treatment of patients. The accumulation of these volumes from 1906 to date amounts to 15 linear or 12 cubic feet in volume.

Restrictions

1. The records of the hospital are restricted and a researcher can consult them only with the permission of the Commanding Officer of the hospital or his representative.

Cooperation with Other Government Agencies

1. About 300 men are discharged from the Navy each week on the recommendation of a Board of Medical Survey at the hospital. For each of these men the hospital forwards to the Veterans' Administration a copy of the report of the Board of Medical Survey, a copy of the man's Medical History, Form H-8 (original of this form is in the man's health record), a copy of his Physical Examination, Form H-2 (original also in the man's health record), and a statement of the kind of discharge given to the

man. No other records are sent to the Veterans' Administration except on the rare occasions when they are specifically requested.

2. When a patient is discharged directly to the care of a Veterans' Administration hospital copies of the reports of Physical Examination, Form H-2, and Medical History, Form H-8, from his health record are forwarded with him; any other information from the Naval Hospital clinical record must be specifically requested by the Veterans' Administration Hospital receiving the patient.

3. No clinical records of Veterans' Administration patients, cared for by the Naval Hospital on a contract basis, are kept by the hospital. When these patients are discharged from the hospital, their clinical records are sent to the Veterans' Administration.

4. The hospital occasionally needs induction x-rays that are filed with the health records in the Bureau of Medicine and Surgery. In the past it has been unable to secure these x-rays because they had not been filed in the proper folders in the Bureau. This situation has recently been remedied, and in the future the hospital probably will be able to secure any necessary pictures without undue delay.

5. When a patient is transferred from the hospital to another naval hospital, only his health record accompanies him. If the hospital that receives the patient needs additional information it is furnished upon request, but not very many requests of this kind are made.

6. At the present time St. Elizabeth's Hospital is caring for about 340 Navy patients. It usually takes two or three months to complete the administrative work involved in transferring a patient to St. Elizabeth's,

and during this period the man's health record is kept in the office of the Navy liaison officer there. When the necessary paper work is ended and the patient is officially admitted to St. Elizabeth's Hospital his health record is closed and forwarded to the Bureau of Medicine and Surgery. The treatment of these patients is a responsibility of St. Elizabeth's Hospital and their clinical records are created and handled in the same manner as those of other patients in that institution.

7. To assist the Superintendent of St. Elizabeth's Hospital in caring for these patients, the Navy assigns to that institution certain of its doctors from the Naval Hospital.

Administrative and Research Use of the Records

1. The inactive clinical records have not been used for research purposes during the past three years. The records are sometimes requested for consultation by doctors stationed at the hospital, but seldom do they ask for clinical records more than two years old. The clinical records more than five years old are seldom needed for administrative use..

Comments

1. Probably the hospital staff would welcome any proposal to relieve it of responsibility for clinical records more than five years old.

APPENDIX I

LIST OF ORGANIZATIONAL UNITS, U. S. NAVAL HOSPITAL, BETHESDA, MARYLAND

Administrative

Personnel Record Office
Chief Master at Arms
Veterans' Administration and U. S. Employment Service
Hospital Corps Officers' School
Marine Guard
Chaplain's Office
Property and Accounting Department
Pharmacy
Commissary Department
Maintenance
Post Office
Ship's Service Department
Disbursing Office
Welfare and Recreational Activities

Clinical

Surgical Service
Urological Service
Dermatology Syphilology Service
Eye, Ear, Nose and Throat Service
X-ray Department
Medical Service
Neuropsychiatric Service
St. Elizabeth's
Department of Physical Medicine
Nursing

APPENDIX II

LIST OF FORMS THAT APPEAR IN CLINICAL RECORDS OF NAVAL HOSPITALS

NAVMED H-8	- Medical History
NAV.S. and A Form 534	- Hospital Ration Notice
S. and A. Form 35-c	- Desertion
S. and A. Form 35-e	- Absence
S. and A. Form 35-b	- Checkage
S. and A. Form 35-1	- Order to Enter Account of
S. and A. Form 35-d	- Order to Close Account
S. and A. Form 35-M	- Hospital Ration Notice
Despatches	- Incoming Despatch
	- Outgoing Despatch
NMSH-Form 5	- Orders for Transfer
NMSH-Form 1	- Admission or Discharge of Officer
Standard Form	- Standard Transfer Order
NMS-Form Y	- Report of Physical Examination
NMS-Form U	- Report of Civilian Medical, Dental, and Hospital Treatment of the Personnel of the Navy and Marine Corps
NMS-Form M	- Report of Medical Survey
NH6/J	- Statement Relative to Origin of Disability
NAVMED Form G	- Hospital Ticket
Local #72	- Identification Data
Form #21	- Clinical Record
Local #22	- Clinical Record
N.M.S.H.-Form 59a	- Anatomical Chart for Clinical Record
NAVMED HF-59	- Clinical Record
NMSH-Form 18	- Diet Sheet
NMSH-Form 53	- Notice of Change in Diagnosis
NAVMED HF-17	- Clinical Notes
N.M.S.-Form Q	- Clinical Chart Nourishment Sheet Anesthesia Record
Form Local No. 25	- Request for Pathologic Examination
N.M.S.H. Form 58	- Operation Record
Form Local-No. 35	- Permission to Perform an Autopsy Report of Disposition of Remains Inspection of Remains of
Form Local-#23a	- Notice of Death
Local 83	- Authorization and Request to Deliver Remains of
NMS-Form N	- Certificate of Death
N.M.S.-Form No. 27	- Laboratory Examination Request for Electrocardiogram
N.M.S.H.-Form 57	- Special Examination and Treatment Request
Local #15	- Memorandum for Record Office
Local Form No. 19	- Time-Intake-Output

N.M.S. Form 16	- Laboratory Examination (Kahn and Wassermann Tests)
N.M.S. Form 9	- Laboratory Examination (Urinalysis)
Local Form No. 175	- Laboratory Examination (Laboratory Report)
N.M.S. Form 172	- Laboratory Examination (Laboratory Report)
N.M.S. Form 16	- Serological Department (Blood - Spinal Fluid)
N.M.S. Form 15	- Special Examination

V. VETERANS' ADMINISTRATION

A. Introduction

General Information

1. From its inception the Federal Government has recognized an obligation to help veterans of its military and naval services to rehabilitate themselves after they have returned to civil life. From 1876 to 1930, when the Veterans' Administration was created, there had never been a single agency entirely responsible for the proper care of veterans. The Act of July 3, 1930, established the Veterans' Administration as an independent agency and into it were consolidated the Bureau of Pensions in the Treasury Department, the National Home for Disabled Volunteer Soldiers and the United States Veterans' Bureau. The Administrator of Veterans' Affairs is thus responsible for administering all laws relating to the relief of and benefits to former members of the military and naval services, including laws concerning pensions and compensation, Government insurance matters, military and naval insurance adjusted compensation, emergency officers' retirement pay for veterans of World War I, and hospital and domiciliary care for veterans of all wars.

2. As at present operated, the Veterans' Administration is a highly decentralized agency. Some claims are handled by the headquarters of the agency in Washington, but much the larger proportion of that work is done in regional offices scattered throughout the country in approximate proportion to the veteran population of various areas. Claims are adjudicated in these regional offices, and eligibility for hospital and domiciliary care is determined.

3. Prior to 1921 disabled veterans were hospitalized in Public Health Service hospitals. On May 1, 1922, the President ordered 57 Public Health Service hospitals transferred to the newly created Veterans' Bureau; an additional 10 hospitals were under construction, and the President directed that they be turned over to the Bureau when they were completed.

4. These hospitals were the nucleus around which the medical services of the present Veterans' Administration were organized. The Veterans' Administration under the direction of the Administrator of Veterans' Affairs now operates about 100 facilities located at scattered points in the United States. They are of three different kinds: (1) the facility comprising a hospital only, (2) the combined facility that operates a hospital and is also responsible for the adjudication of claims arising within its jurisdiction,and (3) the regional office which adjudicates claims but does not render any medical services. Each facility is responsible for rendering services to veterans in a given area, but this geographical limitation is entirely dependent upon the individual veteran's convenience and he may submit his application at a facility other than the one serving his particular locality.

5. With slight variations all of the hospitals and other facilities are organized according to a standard plan of organization. It is understood, however, that the Administration is now further decentralizing its work by dividing combined facilities into separate hospitals and regional offices.

6. Altogether hospitals operated by the Administration have a bed

capacity of about 80,219 beds, and it is estimated that a total of about 300,000 beds will be required to care for veterans after the close of the present war.

7. Each hospital retains its own clinical records and forwards certain reports to Washington from which information is drawn for administrative purposes.

Statistical Records

1. The Record of Hospital and Domiciliary Care (Form 2593) is the basic report on the treatment of individuals that is forwarded to the Administration by its hospitals. When a patient is admitted to a hospital this 5" x 8" form is partially prepared in triplicate; ultimately it shows the patient's name, rank, organization, class of beneficiary, war in which he served, claim number, registration number, name of hospital, date of admission, sex, race, date of birth, marital status, birthplace, date of most recent military service, diagnosis, diagnosis number, result of treatment, description of operations, disposition of case, and remarks. The incomplete white copy is sent to headquarters; the red copy to the regional office for its claim file; and the hospital retains the green copy. If later there is a change of diagnosis or other important information concerning the patient, another incomplete Form 2593 indicating the changes is prepared and forwarded.

2. When the patient's case is closed, the hospital forwards a final or complete Form 2593 for him. The Budget and Statistical Division receives the Forms 2593 and codes and files them according to claim number (C number). When the final or complete Form 2593 is received, all of the

incomplete ones concerning the patient are destroyed. At present, the Budget and Statistical Division has on hand about 1,680 linear or 560 cubic feet of these records.

3. A 3" x 5" index card is made for each patient reported on Form 2593. This card shows the patient's name, C number, rank, organization, admission date, discharge date, hospital number (each hospital operated by the Veterans' Administration is assigned an identification number), hospital registration number, and the type of discharge from the hospital. Once a card is made for a patient any recurrence of hospitalization is simply added to the entries already on the card.

4. There are now about 1,400,000 of these index cards arranged alphabetically according to the names of the patients admitted to Veterans' Administration hospitals since about May 1, 1922. They amount in volume to approximately 720 linear or 75 cubic feet.

5. The Budget and Statistical Division also maintains a Register of Patients in loose-leaf volumes in which are entered the name and hospital registration number of each patient admitted to a Veterans' Administration hospital. This information is taken from the Forms 2593, and if a hospital reports a patient whose registration number does not immediately follow that of the patient last reported by that hospital, thus indicating that it has failed to report one or more patients, the matter is promptly called to its attention by a request for the missing Form 2593. Once a year the Register is reviewed to make sure that all hospitals have properly reported every patient. An effort is made to secure information needed to fill in blank entries and eventually the volume is closed and a new one

is started. There are about 28 volumes of this register, representing the accumulation since 1922.

6. The primary function of the Form 2593 is to collect information that is coded and placed on punch cards and finally appears in the form of statistical compilations that are needed by the Administration. But it is interesting to note that the final filing of the Form 2593 results in a master index of patients by claim or C number; that the alphabetical index controls by name all patients treated in the Administration's hospitals; and finally that the Register of Patients controls them by hospital and thereunder by hospital registration numbers.

7. A tabulation is made at the end of each month, showing the number of patients remaining at each hospital and the number afflicted with each of the several diseases. These sheets are made on tabulating machines, and they are retained as permanent records.

8. The punch cards that are used in the Budget and Statistical Division are usually destroyed when they are 3 years old.

Hospital Clinical Records

1. Each hospital operated by the Veterans' Administration keeps its own active and noncurrent clinical records, x-rays, and other files. The clinical records of some of the hospitals transferred to the Veterans' Bureau by the Public Health Service in 1922, however, were sent to Washington at that time. In addition to these the General Records Division has the clinical records of 32 Veterans' Administration hospitals that have been discontinued. The clinical records of all Veterans' Administration patients treated at Army, Navy, and other hospitals are also forwarded to

Washington. These patients are treated under the provisions of contracts made by the Administration in order to ensure that an adequate number of beds always be available for the hospitalization of veterans (for a statistical summary of the number of beds thus provided in 1941, see Appendix).

2. These records are stored in a depository located at Kansas Avenue and Upshur Street, N. W., Washington, D. C. There are 2,380 linear feet of the clinical records, including both those inherited from the Public Health Service and those of discontinued Veterans' Administration hospitals. These records are divided into 5 series, each of which is arranged alphabetically by the names of the patients, and 1 series that is arranged numerically according to the hospital's registration numbers.

3. The clinical records of veterans treated in Army and other hospitals amount in volume to 2,720 linear feet, and they are arranged by hospitals and thereunder alphabetically by the names of the patients.

4. The General Records Division receives about 19 requests per month for information from clinical records.

X-rays

1. In January of 1939 the War Department started making a chest-x-ray of every enlisted man in the Army. When the Selective Service System was established in 1940 it required that a chest x-ray be made of every registrant who was examined at an induction center. The Veterans' Administration has acquired from the War Department the films of enlisted men made in 1939-40, and it has made arrangements with the Selective Service System and the War Department whereby the x-rays of all men inducted into the Army are forwarded to its depository at Kansas Avenue and Upshur

Street, N. W., Washington, D. C. Frequently some other part of a registrant's body is x-rayed and frequently later x-rays are made of the same man by the Army; in either case these films are also sent to the Veterans' Administration depository, and ultimately they are all filed together under the inductee's Army serial number.

2. X-rays of the personnel of the Women's Army Corps are similarly forwarded to the Veterans' Administration depository. The accumulation of x-rays of personnel of the Women's Army Auxiliary Corps, predecessor of the Women's Army Corps, is stored in Des Moines, Iowa. X-rays of Army officers (including nurses) are sent to Walter Reed General Hospital, Washington, D. C. The induction center forwards the x-rays of Naval personnel to the Bureau of Medicine and Surgery, Navy Department, where they are filed in the subject person's health record. X-rays of all Coast Guard personnel are forwarded to that agency's headquarters, which transmits them to the Public Health Service where they are filed. X-rays of rejected men are forwarded to the appropriate Selective Service State headquarters, some of which release to Public Health Service or local health officials all x-rays indicating active cases of tuberculosis.

3. Films are received at the Veterans' Administration depository directly from induction centers in packages, cartons, and wooden boxes of all sizes. Some induction centers mail the films at the end of each day, while others hold them until they have on hand a week's or month's accumulation. This lack of system presents the depository with a burdensome filing problem since the pictures are filed in consecutive order by Army serial numbers. The serial numbers are issued to the induction centers in blocks.

Consequently if a center forwards its films daily, they are received weeks before those of another center accumulating x-rays of men with lower serial numbers. Since the films are filed in pigeonholes made by partitioning wooden shelves that cannot be moved by sections, it is necessary periodically to shift the entire file in order to provide space where it will be needed in the future.

4. It is estimated that the depository has on hand about 22,000,000 x-rays, most of which are on 4" x 10" or 14" x 17" acetate film and a few of which are on 4" x 5" acetate film. The 4" x 10" pictures are vertically flat-filed 3 rows to a drawer in standard 4 drawer steel filing cabinets, while the 14" x 17" pictures are filed on wooden shelving.

5. At present there are 44 men working an 8 hour day shift and 17 men working a 4 hour night shift engaged in filing these x-rays. There is a backlog of an estimated 6,000,000 films awaiting filing, and it is calculated that 500,000 additional x-rays are received per month. Presumably the x-rays will continue to be received as long as the Selective Service System operates, and it has been suggested that the War Department make a chest x-ray of every man discharged from the Army. As long as this possibility exists it is impossible to forecast the eventual total volume of the x-rays or the probable duration of the project. A conservative estimate places the present volume of the films in the depository at 10,000 cubic feet.

6. About 30 requests for x-rays are received each day. Most of these come from the Army. Thus far the Veterans' Administration has made very little use of the x-rays. Several research projects based on them

have been started, but an impression exists that the majority of researchers have been overwhelmed by the bulk of the collection and have quit before their studies were completed.

7. The depository was originally constructed as a garage, and the x-rays are on the ground and basement floors of the building.

Vocational Rehabilitation Service Records

1. The records of the former Vocational Rehabilitation Service have been preserved as a separate group of records. They consist of the following three major groups: (1) Trainee case files maintained by the central office of the Service, 1918-28, covering 1,245,283 individual cases and amounting to nearly 4,000 cubic feet in volume. These files contain a medical history of the individual trainee as well as a record of his rehabilitation progress. (2) Trainee case files maintained by regional offices, which have been brought to Washington. The material in these files to some extent duplicates that included in the central office trainee case files, but the regional office files are fuller and include many records not in the central office files. Among the documents to be found in a typical regional office folder are records of physical examinations, records of change of status, leave records, surgeons' and physicians' bills, photographs of injuries, various medical data, psychological and physiological data, and copies of reports by nurses and supervisors relating to the individual trainee. These files amount to almost 12,000 cubic feet in volume. (3) Summary sheets of veterans' training activities during the period 1928-31. These sheets apply to about 13,000 veterans and amount to about 4 cubic feet in volume.

2. Records of the vocational rehabilitation of veterans of the present war are currently filed in the individuals' claim files. Thus far the number of trainees has been very small, but of course it is now beginning to mount rapidly.

Claims Records

1. The Veterans' Administration has about 12,135 standard four-drawer file cabinets full of pension claim records. Many of these, however, are "dummy files" which are composed of papers that are duplicated by the "parent" or record copy of the file that is filed in the appropriate regional office. Hospital clinical records have been incorporated in and made a part of many of these records but there is no way of distinguishing the files containing clinical records from those that do not.

2. The majority of these records contain information concerning the physical condition of the claimant, but the data is collected for the purpose of establishing the claimant's qualifications for veterans' benefits. For this reason the records do not seem to be a significant source of information for technical medical research.

Other Records

1. An act of 1862 and subsequent legislation provided for the furnishing of artificial limbs, trusses, and other prosthetic appliances, or commutation in lieu thereof, to disabled veterans and ex-members of the military services who had served during any war prior to the first World War and to disabled retired members of the Regular Establishment. The several thousand case files created in the administration of these acts

contain no general medical history, but only that pertaining to the injury for which prosthetic aid was sought. It is evident that, though some of the medical examinations took place after 1917, practically all of the injuries arose before that date and a large proportion of the observations are for the earlier period. These records are now in the National Archives.

2. There are small groups of files relating to the treatment in Veterans' Administration facilities of veterans of the armies of countries allied or associated with the United States during World War I. Copies of these records were forwarded to the proper medical authorities of the countries of the men concerned. The Veterans' Administration has not preserved its copies of them for the period prior to 1935.

3. There are lists of doctors, dentists, psychiatrists, nurses, pharmacists, librarians, social workers, and others that have been kept current since 1917. These are card files, and they are divided into various groups amounting altogether to about 90 linear or 9 cubic feet.

4. There are innumerable other files of more or less interest from medical aspects, but none of them are of major importance.

Restrictions

1. The records in the custody of the Veterans' Administration can be used for research only with the permission of the Administrator of Veterans' Affairs or his representative.

Cooperation with Other Government Agencies

1. The Veterans' Administration has agreements with several other Government agencies that operate hospitals to care for a certain number

of its patients. No standard practice has been developed governing the disposition of clinical and other records created in the hospital in the course of the treatment of veteran patients. A different procedure has been established for the hospitals of different agencies, for instance: Army hospitals forward to the Veterans' Administration the clinical records of veteran patients; Public Health Service hospitals keep the clinical records but segregate and file them in a separate series and furnish the Administration transcripts of the records.

2. The Veterans' Administration receives the original clinical records and a photostatic copy of the induction papers of every man discharged from the Army for medical reasons, but it only receives a copy of the health record (which somewhat resembles the Army's Form 52) of men similarly discharged from the Navy. The Administration seldom requests original clinical records or x-rays to supplement the information appearing in the Navy's health record. It abandoned the use of the Army's Form 52 some years ago and now relies solely on hospital clinical records in cases involving former Army personnel.

Comments

1. The wisdom of centralizing the x-rays in Washington or elsewhere is dubious.

2. The only collections of records in the headquarters offices of the Veterans' Administration that are significant for medical research are the noncurrent clinical records in the custody of the General Records Division and the statistical records in the custody of the Budget and Statistical Division. Those in the latter are important for medical research

only because they serve as indexes to the records remaining in the hospitals. There are many other records concerning the administration and activities of the hospitals, but no effort has been made to survey individually these smaller bodies of records.

3. In adjudicating claims the Veterans' Administration seldom uses clinical records created in its own hospitals. Probably the pension rights of most of the persons treated in the hospitals are settled and have been made a matter of record before they apply for hospitalization or are admitted; there is not necessarily any relation between hospitalization and pension claims.

4. A large amount of research is done in the hospitals but clinical records more than 5 years old are seldom used for either research or administrative purposes.

APPENDIX

LIST OF THE NUMBER OF BEDS IN OTHER GOVERNMENT HOSPITALS AVAILABLE FOR THE TREATMENT OF VETERANS UNDER THE PROVISIONS OF CONTRACTS MADE BY THE VETERANS' ADMINISTRATION, SEPTEMBER 1941

Marine Hospitals

Baltimore, Md.	175
Boston, Mass.	25
Buffalo, N. Y.	5
Cleveland, Ohio	115
Detroit, Mich.	150
Evansville, Ind.	10
Galveston, Tex.	40
Key West, Fla.	2
Louisville, Ky.	65
Mobile, Ala.	10
New Orleans, La.	100
Norfolk, Va.	20
Portland, Me.	5
San Francisco, Cal.	50
Savannah, Ga.	25
Seattle, Wash.	100
Stapleton, N. Y.	50
Vineyard Haven, Mass.	1
Total	948

Army Hospitals

Hot Springs, Ark.	125
Fitzsimons, Denver, Colo.	500
Walter Reed, Wash., D. C.	200
Sternberg, Manila, P. I.	50
Tripler Gen., T. H.	20
Total	895

Federal Security Agency

St. Elizabeth's, Wash., D. C.	90

Naval Hospitals

Brooklyn, N. Y.	100
Canacao, P. I.	30
Chelsea, Mass.	220
Great Lakes, Ill.	5
Mare Island, Cal.	40
Newport, R. I.	80
Pearl Harbor, T. H.	20
Pensacola, Fla.	4
Philadelphia, Pa.	550
Portsmouth, N. H.	35
Puget Sound, Wash.	40
San Diego, Cal.	50
Washington, D. C.	100
Corpus Christi, Tex.	25
Total	1299

B. Veterans' Administration Facility, Fort Howard, Maryland

General Information

1. The combined facility at Fort Howard was established in 1941. Until that time the Veterans' Administration maintained a dispensary at Fort McHenry, Baltimore, Maryland, and patients needing hospitalization were sent to the Marine Hospital in Baltimore under a contract with that institution. Since the establishment of the facility at Fort Howard the Marine Hospital has continued to provide about 75 beds for the treatment of veteran patients, but this is a much smaller number of beds than that formerly devoted to this use.

2. The Veterans' Administration organization embraces three types of facilities, namely: (1) the "facility" which provides hospitalization and medical treatment, and does not have any adjudication functions, (2) the "combined facility" composed of a hospital and clerical offices responsible for the adjudication of claims for monetary benefits within a certain geographical area, and (3) the "regional office" which does not render any medical services, but adjudicates all claims for monetary benefits arising within a designated area. The combined facility at Fort Howard is charged with rendering medical services to all veterans entitled to them in the locality, and it is also responsible for the adjudication of all pension claims from nearby Maryland counties. In connection with the examination of claims the facility receives all of the papers and records pertinent to each claim, including clinical records from the Army and health records from the Navy.

3. The combined facility at Fort Howard is under the supervision of a Manager, who is responsible to the Administrator of Veterans' Affairs.

The Chief Medical Officer, under the direction of the Manager, is responsible for the medical services rendered by the hospital (see Appendix I for a list of his functions and those of the organizational units for which he is responsible).

4. The hospital has a capacity of about 300 beds, but the maximum capacity of the building is not being utilized at present. An average of about 5 patients per day are admitted to the hospital and about 35 persons each day are treated as out-patients.

Hospital Clinical Records

1. Upon admission to the hospital each patient is assigned a registration number, and a clinical record bearing his registration number, his name, and his claim number, is started for him. The clinical clerk also completes the initial components of the clinical record, namely: Forms 2614a, b, and c--The Brief, the Family and Personal History, and the History of Present Disease. After the patient's case has been closed or when the records are no longer needed in the ward, the doctors' notes, laboratory reports, other special reports, nurses' notes, and other papers are added to the file. (See Appendix II for a list of forms that appear in these clinical records). As long as the patient is in the hospital his clinical record is retained in an active file.

2. The hospital has 45 linear or about 30 cubic feet of inactive clinical records arranged numerically by patients' registration numbers. There are also about 2 linear feet of active clinical records arranged alphabetically by the names of the patients, and 1 linear foot of active clinical records of patients recently discharged from the hospital. If

a patient is readmitted to the hospital his old clinical record is consolidated under his last registration number. Only in very exceptional cases do the original clinical records leave the hospital on loan; normally a transcript or synopsis of the clinical record is forwarded in reply to a request from another hospital or government agency for information from a patient's clinical record.

3. For the clinical records there are three indexes on 3" x 5" cards (Form 2580) arranged alphabetically by the names of the patients. There are 3 linear inches of the cards for the active clinical records; 1 linear foot of cards for the inactive records; and 2 linear inches of cards giving the names of all patients who have died at the hospital.

4. The clinical records are also indexed by disease. This index, amounting to 1 linear foot, is on 5" x 8" cards arranged according to the code number of the Standard Nomenclature for chest and heart cases; and according to the symbols of the Public Health Service Nomenclature for all other cases.

5. As patients are admitted to the hospital their names are entered in a register of patients and each is assigned the next consecutive registration number. This register now comprises 2 bound volumes.

Out-Patient Records

1. The facility at Fort Howard has 175 linear or 135 cubic feet of out-patient records for the period from 1919 to date. Some of these were created at the Fort McHenry dispensary and were transferred when the facility moved to Fort Howard. Each record comprises reports of physical examinations, reports of diagnoses, statements of the treatment and dis-

position of the case, and usually some correspondence. The papers are kept in 8½" x 10" manila folders arranged alphabetically by the names of the patients. Out-patient records are never consolidated with the clinical records of patients admitted to the hospital after treatment as out-patients.

Statistical Records

1. The Record of Hospitalization or Domiciliary Care (Form 2593) is a report on the individual patient admitted to the hospital (see report on the Veterans' Administration for a more detailed description of this record). The hospital has about 2 linear feet of these records. It was stated that the hospital now has authority to destroy its copies of Form 2593 three months after the case to which it pertains has been closed.

X-rays

1. The hospital keeps its x-ray pictures in a separate file that amounts to 120 linear feet in volume. Several sizes of film are used, but all of them, regardless of their size, are filed in manila envelopes 14" x 17" arranged numerically according to registration numbers assigned the patients by the X-ray Laboratory. The films are indexed on 5 linear feet of 3" x 5" cards arranged alphabetically by the names of the patients.

Other Records

1. The facility has 30 linear feet of correspondence arranged alphabetically by the names of the patients. This file is called the "Facility Correspondence File" and a typical folder contains an application for hospital treatment or domiciliary care (Form P10), statements from the

veteran's private physician concerning the patient's physical condition, reports of physical examinations by private physicians, and other papers concerning the veteran's eligibility for medical services.

2. There are also at the facility 1,700 linear or 1,350 cubic feet of records of pension claims, 1903-1944. These records are arranged numerically according to claim numbers (C numbers) and the disallowed claims are not segregated but are filed in the same file with allowed claims. The clinical records (received from the War Department) and the copies of health records (received from the Navy Department) that were used in the adjudication of these claims have been made a part of the claims files, and there is no indication on the outside of a folder or on the index cards to distinguish those that contain clinical records from those that do not. The claims files are indexed by 36 linear feet of 3" x 5" cards arranged alphabetically by the names of the claimants.

3. The facility also has 40 linear or 30 cubic feet of clinical records of men discharged for medical reasons 1941-1944, which were forwarded by the Army. These clinical records are not all the records forwarded by the Army to the facility; they are merely the clinical records of former soldiers who have not applied for pensions.

Restrictions

1. The records of the facility are restricted and they can be used for research only with the permission of the Administrator of Veterans' Affairs or his representative.

Cooperation with Other Government Agencies

1. The facility has a contract with the Marine Hospital, Baltimore, Maryland, for the continual use of 75 beds in that institution. The facility and the Marine Hospital cooperate very closely in the care and treatment of their patients. The clinical records of the patients, however, are not forwarded to Fort Howard when their cases are closed, but are retained at the Marine Hospital.

2. The facility at Fort Howard does not treat mental cases. They are sent to the Veterans' Administration hospital at Perry Point, Maryland.

Administrative and Research Use of the Records

1. Doctors on the staff frequently use the clinical records for consultation purposes, but they have been used for research very little.

2. The hospital infrequently uses the clinical records created during the year 1941 for administrative purposes. There is good reason for believing that a very small number of the clinical records are needed for administrative purposes after they are more than 5 years old.

3. The facility occasionally needs clinical records created by the armed services. In such cases the facility addresses a request to the central offices of the Veterans' Administration, Washington, D. C., which secures the desired records for the facility.

Comments

1. Some of the doctors believe that the medical records of the Administration have great potential value for technical research. It was

also pointed out that the need for these records in the adjudication of pension claims is a primary one that must be met. There might be a recurring need for the same clinical record, but in each instance it is a temporary need, since these records are only reference materials and are not themselves administratively acted upon in connection with a pension claim. From a records administration point of view, the practice of incorporating this reference material in current administrative files is not good, and it should be avoided whenever possible. If the clinical records have research and other value, the possibility of future exploitation of that value is lessened by making them integral parts of a pension file.

APPENDIX I

LIST OF FUNCTIONS AND ORGANIZATIONAL UNITS OF THE MEDICAL DIVISION, VETERANS' ADMINISTRATION FACILITY AT FORT HOWARD, MARYLAND

MEDICAL DIVISION

Office of Chief Medical Officer

Functions:

(a) General supervision of all activities of the Division.
(b) Medical determinations of eligibility for hospital treatment or domiciliary care.
(c) Determining need for and efficiency of, and exercising supervision over all personnel--professional (full-time, part-time, fee basis), sub-professional and clerical--engaged in medical activities.
(d) Supervision of all clinics, laboratories and pharmacy.
(e) Supervision of social work, nursing and attendant activities.
(f) Supervision of dietetics, including ward food service, especially prescribed diets.
(g) Determining need for all supplies and equipment required for conduct of medical activities.
(h) Determining use and need for recreational-library activities as assigned by Manager.
(i) Supervising of the preparation and maintenance of necessary records, particularly clinical, and correspondence incident to medical activities.
(j) Rendering medical advisory opinions upon request of heads of other organizational units.
(k) Conduct of clinical staff conferences; medical consultations with staff; maintenance of high standards of diagnosis and treatment.
(l) Approval of proposals of contract hospitals in the regional territory and inspections thereof.

Reception and Out-Patient Service

Functions:

(a) Reception, examination and treatment of in-coming and of out-patient beneficiaries.
(b) Preparation, certification and prompt submittal of reports of physical examination for monetary benefits or to determine need for treatment, whether originating at the facility or requested by a regional office or another facility.

(c) Rendering medical care and treatment to patients assigned hereto.
(d) Supervision of physicians, nurses and attendants assigned to wards of this Service.
(e) Operation of wards and clinics assigned to this Service.
(f) Handling out-patient activities; and also out-patient services by fee basis and part-time physicians and dentists in regional territory; authorization for such services and certification of vouchers therefor.
(g) Supervision of service to beneficiaries authorized treatment in contract hospitals in regional territory; supervision of leave of absence of beneficiaries therein.

General Medical Service

Functions:

(a) Rendering medical care and treatment of patients.
(b) Prescribing clinical care and treatment for patients in this Service as is necessary.
(c) Prescribing occupational therapy and recreational activities of this Service.
(d) Supervision of physicians, nurses and attendants assigned to wards of this Service.
(e) Operation of wards, sections and clinics assigned to this Service.
(f) Rendering medical care and treatment to tuberculous and neurological patients.
(g) Making examinations and reports for the Reception and Out-Patient Service and other Services when requested.

Surgical Service

Functions:

(a) Makes medical determinations as to need for and urgency of surgical action before acceptance in this Service.
(b) Performing surgical operations for all patients in the Facility.
(c) Rendering necessary post operation care and treatment in wards of this Service; supervising necessary follow-care after patients return to their regularly assigned ward.
(d) Control over all physicians, nurses and attendants assigned to this Service.
(e) Conducting specialist surgical-consultations as and when necessary.
(f) Operation of wards and clinics assigned to this Service.
(g) Making examinations and reports for the Reception and Out-Patient Service and other Services when requested.

APPENDIX II

LIST OF FORMS THAT APPEAR IN THE CLINICAL RECORDS OF A VETERANS' ADMINISTRATION FACILITY

Form P-10	-	Application for Hospital Treatment or Domiciliary Care
Finance Form 1170	-	Designation of Person to Receive Personal Effects
Medical Form 2614a	-	Clinical Record (Brief)
Medical Form 2614b	-	Clinical Record (Family and Personal History)
Medical Form 2614c	-	Clinical Record (History of Present Disease)
Form 2614d	-	Clinical Record (Objective Symptoms)
Medical Form 2614e	-	Clinical Record (Graphic Chart)
Medical Form 2614g	-	Clinical Record (Operation Record)
Medical Form 2614h	-	Clinical Record (Roentgenological Report)
Medical Form 2614i-1		Clinical Record (Laboratory Examinations)
Medical Form 2614i	-	Clinical Record (Laboratory Examinations)
Medical Form 2614j	-	Clinical Record - Ward Surgeon's Progress and Treatment Record
Medical Form 2614k	-	Clinical Record - Nurse's Progress and Treatment Record
Medical Form 2614m	-	Physiotherapy Clinical Record
Medical Form 2614-P		Clinical Record (Dental Record)
Medical Form 2614q	-	Clinical Record - Report of Electrocardiogram
Medical Form 2655	-	Clinical Report - Diagnostic Center
Medical Form No. 334		Industrial History
Form 2636a	-	Valuables and Miscellanies Record

C. Veterans' Administration Facility, Castle Point, New York

General Information

1. The Veterans' Administration Facility at Castle Point, New York, was established September 15, 1924, and until the creation of the Veterans' Administration in 1930 it was administered by the Veterans' Bureau. The facility provides hospitalization for needy veterans of all wars who are suffering from tuberculosis or other pulmonary ailments. Patients who recover but who, for various reasons, are incapable of earning a living, are transferred to other facilities having general domiciliary accommodations. Tuberculous patients who have neuropsychiatric ailments are transferred to facilities providing special mental treatment, such as that at Canandaigua.

2. The organization of the facility at Castle Point follows the general plan prescribed by the Veterans' Administration. The Manager, who is responsible to the Administrator of Veterans' Affairs, has general supervision over the two main services--medical and administrative. The former, under the immediate direction of a Clinical Director, is comprised of the following units: reception and general medical, tuberculosis, surgical, pathological clinic, ear, eye, nose and throat clinic, dental clinic, x-ray clinic, physical therapy clinic occupational therapy clinic, nursing section, dietetic section, social work, clinical records section, and attendants. The Administrative Department is divided into the Offices of Personnel, Supply, Utility, and Finance, each of which is headed by a managing officer.

3. This hospital, which treats both men and women, can accommodate

619 patients, but the population as of March 23, 1944, was 483, of whom 113 were veterans of the present war. The average length of stay of patients is about one year, although there are a few patients who have been in the facility for several years.

4. That part of the hospital clerical staff whose work consists entirely or largely in the servicing of records (not including those exclusively engaged in creating records) consists of five full-time employees.

Hospital Clinical Records

1. The clinical records are complete from the date of the establishment of the facility in 1924. All record copies of papers having to do with the treatment of individual patients are placed in case folders filed by registration numbers in a series begun in 1924; any other copies filed elsewhere in the hospital are not considered to be of record character. In the event a patient returns after having been discharged, a new registration number is assigned him and all previous records concerning him are refiled under his latest number. Administrative records dealing with the admission and care of individual patients are also placed in the clinical folder, so the title of the series is not exact. Such papers are separately grouped, however, and are not scattered among the clinical records in the folder. The following papers and reports appear in the clinical records: (1) Brief of Clinical Record; (2) Family and Personal History; (3) Report of Examination of Lungs, Nose and Pharynx; (4) Social Service History; (5) History of Present Disease; (6) Report of Objective Symptoms; (7) Report of Initial Examination of Chest; (8) Graphic Chart

of Temperature, Pulse, and Respiration Report; (9) Weight Chart; (10) Operation Record; (11) Roentgenological Report; (12) Laboratory Examinations; (13) Ward Surgeon's Progress and Treatment Record; (14) Ward Nurse's Progress and Treatment Record; (15) Occupational Therapy Report; (16) Physiotherapy Clinical Record; (17) Post-mortem Record; (18) Dental Record; (19) Medical Summary; (20) Electrocardiographic Report; (21) Report of General Physical Examination; (22) Consultation Request; (23) Ear, Eye, Nose and Throat Treatment and Progress Record; (24) Surgical Collapse Report; (25) Record of Clinical Staff Conferences; (26) Correspondence.

2. The clinical records are maintained in two groups; an active file covering patients in the hospital, and an inactive file of the folders of discharged or deceased patients. The former group is kept in the various wards and that portion of it in each ward is alphabetically arranged. The inactive records are filed by the patients' registration numbers and amount to 455 linear or 344 cubic feet in volume (including the administrative papers filed in the same folders). The annual rate of accumulation is 40 linear or 30 cubic feet.

3. An alphabetical name index maintained on 3" x 5" forms (separately grouped as to the records of present patients, discharged patients, and deceased patients) permits reference to the clinical records and to the Record of Hospitalization. There are about 5 linear inches of cards covering the active clinical records; 5 linear feet of cards for the inactive clinical records; and one linear foot of cards for the records of patients who have died.

4. In addition to this index, an index to the diseases represented

in the clinical records is maintained on 5" x 8" cards. Each card contains a diagnosis name and number, and the registration numbers of all folders in which there is a reference to the disease. The cards are arranged alphabetically by names of diseases. That part of the index now in use has been maintained since 1938 and amounts to one linear foot. An earlier form of pathological index was kept on 4" x 6" cards, each of which contained, in addition to diagnosis data and registration number, a summary of the patient's medical history. This index was supposed to be arranged by diagnosis number but a considerable part of it was never so arranged. To judge from its appearance and place of storage, this index is never used.

Statistical Records

1. The Record of Hospitalization or Domiciliary Care (Form 2593) is a 5" x 8" card upon which is entered identifying data concerning the patient, his registration number, and a summary of his record while in the hospital.

2. The form is designed to collect information for statistical and administrative uses, and every unit in the Veterans' Administration responsible for the medical treatment of individuals is required to fill out the form in triplicate (white, red, and green copies) when a patient is admitted to the facility, upon change of diagnosis or change of the patient's status in some other way, and upon discharge. The white copy is forwarded to the Veterans' Administration, Washington, D. C.; the red copy is filed in the veteran's claim file; and the green copy is retained by the hospital. Since the information on each card includes a statement

of all diagnoses made and of all operations performed, it affords a convenient reference to the data needed for the compilation of statistical reports to the Veterans' Administration headquarters.

3. These cards, which are complete from 1924 to date, are filed numerically by the patients' registration numbers. They amount to 5 linear or 2 cubic feet in volume.

X-rays

1. The facility's file of x-ray films is complete from 1924 to the present. Films are filed in large envelopes (14" x 17"), which are arranged numerically by numbers assigned in the laboratory. A given film is found through an alphabetical name index, one part of which covers the films of patients still in the hospital and the other part of which covers the films of patients who have been discharged or died. The accumulation of film now amounts to 109 linear or 179 cubic feet and the annual rate of accumulation is about 7 linear or 12 cubic feet.

Other Records

1. A register of patients has been maintained in book form from the time the facility opened. It contains the name, registration number, and compensation number of each patient, and the dates of his admission and discharge. Entries are made in the chronological order of admission to the hospital. The present accumulation amounts to about 6 linear inches.

2. Applicants for admission to other facilities are sometimes sent to Castle Point for Physical examinations to determine their eligibility for admission. The originals of the examination reports are sent to the

other facilities and copies, after being retained for a time as a safeguard against the possible loss of the originals, are destroyed.

Restrictions

1. Use of the records is confined to the administrative and professional needs of the staff, to other agencies of the Veterans' Administration, to the courts on subpoena, and to the legitimate purposes of present or former members of the facility and their families.

Cooperation with Other Agencies

1. Clinical records may be used only at the hospital except in case of requests from the headquarters of the Veterans' Administration or from the Justice Department and courts. Upon request by one of these agencies, original clinical records are sent to it. Requests from other sources are met by sending copies of the particular record that is wanted.

Administrative and Research Use of the Records

1. The clinical records of an individual patient are in daily use while he is in residence. Some administrative use is made of the inactive records, but this is almost entirely confined to those less than 5 years old, on which there are occasionally as many as 15 requests in a week.

2. The research use of clinical records by the hospital staff is indicated by a partial list of studies completed since 1927. All were submitted for publication in the Veterans' Administration Medical Bulletin but not all of them were published.

The following studies have been published in issues indicated by date:

Asper, Guy: "Postoperative Collapse of the Lung following Nephrectomy with Complete Recovery." November 1927.

_____: "Tuberculous Empyema, Secondary to a Spontaneous Pneumothorax with Apparent Recovery." July 1929.

Breslin, James: "Exercise in Convalescence from Pulmonary Tuberculosis." January 1931.

Ballou, Jr., De Forrest: "Incidence of Retinal Arteriosclerosis without General Arteriosclerosis in Cases Diagnosticated Cerebral Arteriosclerosis." January 1931.

The following studies have been submitted to the Medical Bulletin but have not been published:

Ballou, Jr., De Forrest: "Infected Foreign Bodies acting as Foci of Infections in a case of Parenchymatous Keratitis and Plastic Iridocyclitis."

_____: "A Treatment Beneficial in Retinitis Pigmentosa."

Bates, Carleton, with Emanuel Levy and James J.L. Young: "Treatment of Duodenal and Gastric Ulcer with Gastric Mucin."

Breslin, James: "Rehabilitation of the Tuberculous."

Brown, R. W., with Carleton Bates and Emanuel Levy: "Untoward Effects of Amidopyrine and Barbiturates as Reported in the Literature."

Dauksys, Joseph: "The Criteria for Evaluating the Two-Dose One-Hour Glucose Tolerance Test."

Dewey, J. E.: "Ringworm" (submitted March 16, 1927).

_____: "Neoplasm of Pleura" (submitted March 6, 1929).

_____: "Receiving Ward Routine" (submitted January 3, 1931).

Hayden, B. F., with Carleton Bates and Emanuel Levy: "Myxedema Postoperative."

_____: "Case Report Poikiloderma Atrophicans Vasculare with Lymphoblastoma."

Hayden, B. F., with Carleton Bates, Richard C. Henderson and Emanuel Levy: "A Report of One Hundred Facility Patients Suffering from Heart Disease and One Hundred and Twenty-six Post Mortem Examinations."

Comments

1. It is the opinion of the Manager of the facility, and of the Clinical Director that the clinical records possess definite value for research purposes. The records contain extensive observations on a variety of pulmonary diseases recorded over fairly lengthy periods and studies of the varying modes of treatment that have been used should be rewarding. The Manager said that much might be learned from the case records of those treated for pneumonia, and that studies of the use of the sulfa drugs and penicillin in connection with this disease should be of particular interest. He also said that he could see no objection to the transfer of inactive records more than five years old if the agency to which they were transferred could service the records upon request. Calls for service on records of this facility would not be frequent. Both space and personnel are lacking for the proper care of the existing inactive records.

2. Administrative use of clinical records in the various facilities apparently diminishes very rapidly in three or four years following a patient's discharge. If the records are determined to be of value for research, and are removed from their originating hospitals to permit their exploitation for research, there would seem to be no great difficulty in furnishing the administrative services needed.

3. Only a physician could properly evaluate the thoroughness and care with which clinical records are kept in one hospital as compared with another. Differences are noticeable even to a layman, however, and a comparative study of clinical records with a view to establishing uniformly high standards of care in the various institutions of an agency might be worthwhile in itself.

VI. FEDERAL SECURITY AGENCY

A. Introduction

General Information

1. The Federal Security Agency was created by an Executive Order dated April 25, 1939. By that and later orders there have been grouped into it those units of the Government primarily intended to promote social and economic security, educational opportunity, and the health of the citizens of the United States, including the Social Security Board, the Public Health Service, the United States Office of Education, the Federal Advisory Board for Vocational Education, the Office of Vocational Rehabilitation, the Civilian Conservation Corps (liquidating officer), the Food and Drug Administration, Columbia Institution for the Deaf, Freedmen's Hospital, Howard University, and St. Elizabeth's Hospital. Of these units only the Public Health Service, Freedmen's Hospital, and St. Elizabeth's Hospital hold large amounts of medical records.

Records in the Public Health Service

1. The Surgeon General of the Public Health Service is responsible for (1) providing medical care for certain designated classes of beneficiaries; (2) prevention of the spread of disease; (3) conducting studies that will assist in the treatment and control of disease; and (4) maintaining a centralized agency to assist State and other governments with their health programs. The largest accumulation of medical records resulting from these activities consists of the clinical records created in hospitals operated by the Service.

2. The Public Health Service operates 26 marine hospitals and 2 hospitals for the treatment of specific diseases, in addition to innumerable quarantine stations and other smaller facilities. Each hospital of the Service maintains its own clinical records and only brief reports on each case are submitted to the headquarters of the Service (for details about the records of Public Health Service hospitals, see report on the Public Health Service).

3. The National Institute of Health is the research division of the Public Health Service, and it conducts the scientific investigations made by the Service. The National Cancer Institute, created by the Act of August 5, 1937, functions as one of the subdivisions of the National Institute of Health. These units have few medical records other than those created and used in the course of investigations and research projects, the results of which are usually published in recognized medical journals.

Records in Freedmen's Hospital

1. Freedmen's Hospital is a Government hospital for negroes located in Washington. Except for the racial restrictions on its clientele, its activities and the resulting records do not significantly differ from those of other Government hospitals.

Records in St. Elizabeth's Hospital

1. St. Elizabeth's Hospital was established to care for mentally ill personnel of the Army and Navy but its scope has been extended to include about 22 other groups including among them civilians from the District of Columbia.

2. The clinical records of the hospital do not materially differ from those maintained in other Government hospitals for the mentally ill except in their bulk; St. Elizabeth's is one of the largest institutions operated by the Government and its records are correspondingly voluminous.

Records in Other Units

1. Of the various offices comprising the Social Security Board only the Bureau of Research and Statistics accumulates records that might even remotely be termed of interest for technical medical research. Research and statistical activities beyond the immediate fields of the operating programs of the Board dealt with by the Bureau include the over-all financial and economic aspects of the social security program and the characteristics or effects of the interrelations of Board programs and other social insurance and welfare programs. These activities impinge only remotely on medical subjects.

2. The Office of Vocational Rehabilitation in the United States Office of Education is responsible for administering, primarily but not exclusively through the several State governments, the Federal rehabilitation program that includes within its scope all disabled veterans of the current war as well as civilians engaged in civilian defense and in merchant marine activities. The Office was only established a few months ago and thus far has accumulated few files.

3. Each of the other units comprising the Federal Security Agency has a few records of medical interest, but these records have been created for other than medical purposes and their value as medical records is only incidental to their value for other purposes.

Comments

1. In many ways the Federal Security Agency consists of a group of autonomous agencies agglomerated together primarily for administrative purposes. Certainly few if any changes in the records of the medical units of the agency resulted from their transfer to its jurisdiction.

B. Public Health Service

General Information

1. The forerunner of the present Public Health Service was the Marine Hospital Service established in 1798 to administer marine hospitals, which the Government started operating in 1800. Like the Army and Navy the Public Health Service is a commissioned corps of the Government and its officers are required to wear a distinctive uniform.

2. Under the direction of the Federal Security Administrator the Surgeon General of the Public Health Service is responsible for: (1) medical care of certain designated persons including among others the personnel of the Coast Guard, Coast and Geodetic Survey, and the merchant marine (for a statistical analysis of medical services, see Appendix I); (2) the prevention of the spread of disease; (3) making studies that will assist in the treatment and control of disease; and (4) maintaining a centralized agency to assist state and other governments with their health programs. Besides these the Service has numerous important wartime duties such as providing the War Shipping Administration with medical service. A Public Health officer is assigned to each Army service command to act as liaison officer between the Medical Department of the Army and state and local officials.

3. To perform these functions the Service has divided the United States into 9 districts, each of which is under the direction of a medical officer assisted by a staff of junior medical officers, nurses, and sanitary engineers. In addition, the Service operates 26 marine hospitals, 2 hospitals for specific diseases, medical facilities for about 25 penal institutions, and a large number of health stations scattered throughout the nation (for a list of the large institutions, see Appendix II).

4. In peacetime the capacity of the marine hospitals was about 6,200 beds, and approximately 378,000 persons annually applied for treatment at these institutions. Complete medical and surgical treatment, including physiotherapy and other special forms of treatment, were furnished. There were five large classes of free beneficiaries, namely: (1) seamen from all American documented vessels and from vessels of the United States Government (other than those of the Panama Canal) if of more than 5 tons' burden, and seamen and cadets in training on State school ships; (2) officers and enlisted men of the United States Coast Guard, active and retired; (3) keepers and assistant keepers, United States Lighthouse Service, active and retired; (4) injured Federal employees receiving care under supervision of the United States Employees' Compensation Commission; (5) persons afflicted with leprosy, in sanatoriums at Carville, Louisiana, and in Hawaii.

5. In addition to the marine hospitals supervised by the Public Health Service, it maintains more than 100 relief stations of the second and third class along the seacoasts, lakes, and rivers of the United States

and its possessions, for office treatment and emergency hospital care of beneficiaries. There are also under appointment approximately 100 special acting assistant surgeons whose duties are limited to the furnishing of emergency medical relief and the performance of physical examinations for the personnel of the United States Coast Guard and Lighthouse Service located at places that are inaccessible to any regularly established relief station or marine hospital.

6. The headquarters of the Service, which is located in Washington, D. C., is concerned only with administering the program and providing coordinated plans of action for the hospitals and other operating units and with doing certain research work. For this purpose the Service, under the direction of the Surgeon General, is divided into the National Institute of Health, the Bureau of Medical Services, and the Bureau of State Services, each headed by an Assistant Surgeon General.

7. The work of the two bureaus relates chiefly to the administration of the programs and functions assigned to them by the Surgeon General. The National Institute of Health, which includes the National Cancer Institute, is not an administrative organization; it is a centralized research unit devoted to collecting information concerning the health of the citizenry, and to devising protective measures against epidemic and other diseases.

8. For the two bureaus there is a central records office that receives copies of records from all offices, but several of the divisions retain in their custody records that must be kept in close physical proximity to the staff. The National Institute of Health does not centralize

its records, and each unit conducting a project is responsible for the current and noncurrent records of the project. Some projects are, of course, conducted by several organizational units, each doing its part, and then forwarding the records to another unit. Much of the work done by the Institute is laboratory work that does not involve the creation of records except work papers, which are generally considered the personal property of the operator.

9. The United States Public Health Service has not created or collected any notable volume of records that deal with the treatment of individuals. There are, however, a few series of records that might be of interest to researchers doing certain kinds of technical research.

Statistical Records

1. With the exception of the hospitals at Lexington, Kentucky, and Fort Work, Texas, every hospital and relief station operated by the Public Health Service forwards to Washington, D. C., an In-Patient Card (Form 1971F) for each patient admitted to the hospital when his case is closed. This card gives the following information concerning the patient: name, class of beneficiary (merchant seaman, Coast Guard personnel, soldier, or others), hospital registration number, name and address of hospital, permanent address of the patient, person to notify in case of emergency, religion, birthplace, date of birth, age, sex, race, marital status, occupation, date admitted, name of vessel or other source from which the patient was admitted, diagnosis name, diagnosis number, date of diagnosis, description of condition upon disposition, and date of disposition.

2. The cards are received by the Hospital Division and statistical and other information is taken from them for administrative purposes. Until the beginning of the United States' participation in the war these cards were coded according to the Public Health Service nomenclature, and rather extensive statistical studies were compiled. The pressure of more important work has greatly curtailed this program, however, and none of the cards received after Pearl Harbor have been coded.

3. The cards are filed chronologically by year and thereunder alphabetically by the names of the patients. If a patient has been readmitted to one of the hospitals all of his cards are filed under his name in the file for the latest year in which he was hospitalized. The accumulation of these 5" x 8" cards from 1920 to date amounts in volume to 600 linear or 150 cubic feet.

4. The medical officer in charge of a hospital or medical unit forwards a monthly report of relief (Form 1922A) which statistically reports the number of patients under treatment, number discharged, number that died, total number of hospital days' relief furnished, number of out-patients treated, and the number of physical examinations made. This information is summarized and posted on card sheets (Form DF100) and the Form 1922A is destroyed after 1 year. There are 16 linear or 12 cubic feet of the summary cards for the period from 1938 to date.

5. The Hospital Division also receives from each hospital or other unit a weekly census report (Form 1922B) which gives the name and address of the hospital, its ordinary bed capacity, number of beds occupied, number of empty beds, number of beds available for immediate utilization,

number of medical and dental officers on the staff, number of patients treated as out-patients, as in-patients, number of Veterans' Administration patients, and number of physical examinations made. The information from this report is summarized and posted on summary sheets. The reports are destroyed periodically but the summary sheets have been retained since 1922 and now amount in volume to about 25 linear or 20 cubic feet.

Other Records

1. The National Institute of Health conducts a great many surveys to determine the cause and effect of certain diseases, and to find out their epidemiological characteristics. The survey of tuberculosis that was made in Giles County, Tennessee, and in certain counties in Alabama is typical of this kind of project. This survey included 3,000 children and 1,500 adults in Giles County; each of these was given a tuberculin test and x-rayed. In addition, visitors were sent to the subjects' homes and exhaustive information was collected concerning their medical and family history and environment.

2. The records and information resulting from this survey have been evaluated by the staff of the National Institute of Health and the research value of the records has probably been nearly exhausted. Such extensive and intensive use of records created during such a project is not unusual, since research projects comprise the main function of the Institute. None of the records created by the Institute contain data concerning the treatment of individuals in large numbers.

3. In nearly every one of the large number of surveys made by the Institute the primary objective seems to have been to gather knowledge of

the spread and cause of disease as distinguished from its treatment. The Institute's ultimate objective, of course, is the prevention of disease. Consequently, detailed data on individuals are obtained in some instances, but questionnaires are designed so that information derived from them indicates conditions in a locality or for a class of people instead of detailed histories of individual persons.

Restrictions

1. The records of the Public Health Service can be used for research only with the permission of the Surgeon General or his representative.

Cooperation with Other Government Agencies

1. To provide medical services for the personnel of the Coast Guard, the War Shipping Administration, and various other groups of individuals eligible for free medical treatment, the Public Health Service operates marine hospitals established at appropriate locations throughout the country. The Public Health Service also provides all medical facilities, both personnel and materials, for the penal hospitals under the jurisdiction of the Bureau of Prisons and for the various hospitals and stations under the jurisdiction of the Bureau of Immigration and Naturalization. These institutions, however, whether solely responsible to the Public Health Service or responsible to the Service for medical matters and to another agency for non-technical aspects of their work, as a rule retain the clinical records that they themselves create. In addition, the Public Health Service assigns certain of its officers to serve with the Army, Navy, and frequently other Federal and State agencies and with commissions

making special studies. These arrangements rarely result in the creation of any identifiable body of records in the headquarters offices in Washington, D. C.

Administrative and Research Use of the Records

1. Since the war started the records of the Service, except those created by the National Institute of Health, have not been extensively used for research purposes. The Institute creates its records specifically for research with a view to answering specific questions. This being the case, it is probable that within a relatively short time after a survey is completed the research value of the records has been exhausted. For instance the following is a random selection of only a few of a host of articles based on the survey of tuberculosis in Tennessee and Alabama:

Lumsden, L. L., Dearing, W. P., and Brown, R. A.: "Questionable Value of Skin Testing as a Means of Establishing an Epidemiological Index of Tuberculous Infections". American Journal of Public Health, Vol. 29, No. 1, January, 1939.

Dearing, W. P., Olson, B. J., Self, L. R. W., and Baggett, M. W.: "A Comparison of Household Attack Rates in Regions with High and Low Tuberculosis Mortality". Transactions of the Thirty-seventh Annual Meeting of the National Tuberculosis Association, 1941.

Dearing, W. P.: "Tuberculin and X-ray Survey". The American Review of Tuberculosis, Vol. XL, No. 6, December 1939.

Lumsden, L. L. and Dearing, W. P.: "Epidemiological Studies of Tuberculosis". American Journal of Public Health, Vol. 30, No. 3, March, 1940.

2. Over a hundred articles on the National Health Survey have been published since 1938.

Comments

1. The Public Health Service does not receive or create records containing detailed data on the treatment of individuals. All the records containing detailed medical information on individuals are retained in the hospitals. If these should be permanently preserved at some one location, the In-Patient Cards (Form 1971F) might be useful as an index, but the administrative needs of the Service require that these cards be accessible for routine uses until they are at least five years old.

APPENDIX I

MEDICAL SERVICES FOR VARIOUS CLASSES OF PUBLIC HEALTH SERVICE BENEFICIARIES, FISCAL YEAR 1943

Beneficiary	Total number of patients treated	Number of patients treated in hospitals	Died	Patients remaining in hospitals June 30, 1943	Number of days relief in hospitals	Number of patients furnished office relief	Number of times office relief was furnished	Number of physical examinations
American merchant seamen	130,888	26,196	631	2,102	787,859	104,692	392,242	37,882
Coast Guard personnel	841,517	64,123	84	1,807	728,875	777,394	1,882,036	279,748
Coast Guard dependents	19,319	1,884	17	76	16,031	17,435	70,336	253
Coast and Geodetic Survey personnel	602	99	1	5	3,066	503	1,992	184
Coast and Geodetic Survey dependents	426	36	0	3	240	390	1,830	3
Seamen, Engineer Corps and Army Transport Service	10,738	2,755	45	162	62,158	7,983	26,846	555
Seamen, not enlisted or commissioned, from other Government vessels	272	110	1	10	3,115	162	423	147
Seamen from foreign vessels	4,891	2,096	23	120	45,783	2,795	7,871	17
Public Health Service officers and employees	22,376	2,137	18	83	26,888	20,239	89,413	3,862
Persons afflicted with leprosy	455	449	28	373	138,861	6	30	3
Employees' Compensation Commission	68,696	10,555	60	580	173,443	58,141	257,787	44,958
Immigrants and alien seamen	10,740	2,950	16	178	68,578	7,790	22,304	1,388
Army and Selective Service	6,841	2,451	15	49	24,388	4,390	9,368	160
Navy and Marine Corps	7,413	3,491	12	51	43,672	3,922	7,687	75
Veterans' Administration	9,045	8,906	718	654	256,198	139	1,129	958
Civilian Conservation Corps	92	82	5	1	3,346	10	88	9
Work Projects Administration	8,914	2,338	9	72	52,885	6,576	41,222	8,706
National Youth Administration	2,345	296	0	5	3,643	2,049	5,827	957
Former Enrollees, Civilian Conservation Corps	218	197	1	7	5,509	21	50	37
Maritime Service	4,992	2,008	5	107	31,404	2,984	5,592	3,894
Miscellaneous	150,347	865	31	27	10,100	149,482	200,109	61,354
TOTAL	1,301,127	134,024	1,720	6,472	2,486,042	1,167,103	3,024,182	445,150

APPENDIX II

LIST OF MARINE AND SPECIAL HOSPITALS UNDER THE SUPERVISION OF THE PUBLIC HEALTH SERVICE

Marine Hospitals:

Baltimore, Maryland
Boston, Massachusetts
Brooklyn, New York
Buffalo, New York
Carville, Louisiana
Chicago, Illinois
Cleveland, Ohio
Detroit, Michigan
Ellis Island
Evansville, Indiana
Ft. Stanton, New Mexico
Galveston, Texas
Hudson Street, New York
Louisville, Kentucky
Memphis, Tennessee
Mobile, Alabama
New Orleans, Louisiana
Norfolk, Virginia
Pittsburgh, Pennsylvania
Portland, Maine
Kirkwood, Missouri
San Francisco, California
Savannah, Georgia
Seattle, Washington
Stapleton, New York
Vineyard Haven, Massachusetts

Institutions for narcotic and drug addicts:

Fort Worth, Texas
Lexington, Kentucky

Hospitals and Other Medical Facilities within the Federal Penal System.

Hospitals and Other Medical Facilities Maintained for the Bureau of Immigration and Naturalization.

C. Marine Hospital, Staten Island, New York

General Information

1. This hospital is headed by a Medical Director under the general direction of the Surgeon General, United States Public Health Service. It was established in October 1831 by the Marine Society as a hospital for American seamen, and it was acquired in May 1833 by the United States Marine Hospital Service under the Act of July 16, 1798. The hospital was administered by the Treasury Department until July 1, 1939, and since then it has been under the jurisdiction of the Federal Security Agency.

2. The rated capacity of the hospital is 869 beds, but actual capacity is 1,027. American merchant seamen comprise somewhat less than half of its current patient population and other beneficiaries are represented in the following proportions: Coast Guard personnel, 26%; Employees Compensation Commission, 8%; Maritime Service, 5%; less than 5%: foreign seamen, Coast Guard dependents, seamen of the Army Engineer Corps and Army Transport Service, employees of the Public Health Service, Veterans' Administration patients, immigrants and alien seamen detained under immigrant laws, and Navy and Marine Corps personnel.

3. During the past few years the hospital has treated many cases of malaria (65 cases in 1943) and a small number of less common tropical diseases such as schistosomiasis, amebiasis, and one or two other tropical flukes and parasites. No cases of neurotropic virus diseases have been discovered. The incidence of venereal disease is high in the hospital population and the records reflect the work done in this field. Important also is the work done in physiotherapy, general surgery, and the extensive use

of caudal anesthesia.

4. That part of the hospital clerical staff whose work consists entirely or largely in the servicing of records (not including those exclusively engaged in creating the records) includes 12 persons.

Hospital Clinical Records

1. All permanent clinical records and all correspondence relating to the treatment of individual patients (other than out-patients) are filed in case folders. According to the hospital officials, similar records created prior to 1913 (when the present series begins) were destroyed by permission of Congress, but information was not available as to when such disposition was made or as to the extent of the record accumulation disposed of. The present series is complete from 1913 to the present although its physical form, and to some extent its content, for the period 1913 to 1921 differ from the content and form of the series for the succeeding years.

2. From 1913 to 1921 records of individual patients were filed in small folders measuring 7½" x 9". All clinical reports were made on a few general forms: (1) Brief or Summary of Record; (2) Clinical Record; (3) Temperature, Pulse and Respiration Chart; and (4), the Laboratory Report. The Clinical Record was used for virtually every type of report (history, physical examination, surgeon's and nurse's notes, operative reports, and others) not found on the other three forms mentioned.

3. The clinical records for the period 1921 to date are maintained by cases in 8" x 11" folders and a typical folder contains the following papers: (1) Brief of Admission, Treatment and Disposition; (2) Family and Personal History; (3) History of Present Disease; (4) Report of Objective

Symptoms; (5) Clinical Record Chart; (6) Ward Surgeon's Progress and Treatment Record; (7) Nurse's Progress and Treatment Record; (8) Laboratory Report; (9) Radiographic Report; (10) Operative Record; (11) Weight Chart; (12) Physiotherapy Record; (13) Post-Mortem Record; (14) Dental Examination Report; (15) Operative Record-Dental; (16) Electrocardiographic Report; (17) Application for Abstract from Clinical Record; (18) Abstract from Clinical Record; (19) Surgical Pathological Report; (20) Request for Consultation; (21) Master's Certificate of Service of Sick or Injured Seamen.

4. Each folder is filed numerically under a registration number assigned to the patient at the time of his admission to the hospital. If a patient returns after having been discharged, his former record is not refiled; a new folder is made under the new register number. The clinical records now amount to 1,989 linear or 1,161 cubic feet and the rate of accumulation is 240 linear or 147 cubic feet annually. They are stored in metal filing cabinets and transfer cases in four different storage rooms, and although the earlier records are becoming somewhat dusty their condition otherwise is excellent.

5. The clinical records are indexed by an alphabetical name index (PHS 1971G), which refers to the registration number of the case folders. This index is not cumulative; a new A to Z series is started at the beginning of each fiscal year. It now amounts to 35 linear or 4 cubic feet and the rate of accumulation is less than one cubic foot annually. In addition to the alphabetical index, a pathological index has been maintained in a visible card system since January 1, 1943. Cards bearing diagnosis numbers

and lists of the numbers of all folders in which reference to the diagnosis occurs are numerically arranged by the diagnosis numbers.

Out-Patient Records

1. A record of the treatment of each out-patient is kept on a 5" x 8" form (PHS 1971E) that contains a history of the complaint or injury, a report of physical examination of the patient, a record of his treatment, and a statement of the period of disability. These records, which have been kept since 1913, are the only records of the treatment of out-patients.

2. New cards are made for patients returning after an interval of more than a year, so that only by searching the files for each year and bringing all the cards for an individual together could his record for a period of years be pieced together.

3. Occasionally a former out-patient requests a transcript of this record in order to establish a claim for compensation, but except for these calls little use is made of his card after the patient has been discharged.

4. These records are filed by year and thereunder alphabetically by names of patients. The file amounts to 115 linear or 48 cubic feet and is accumulating at the rate of 5 linear or 2 cubic feet annually.

X-rays

1. The hospital's present accumulation of x-ray negatives dates from 1935 and it consists of more than 240,000 separate films contained in about 81,000 envelopes. The negatives are filed numerically by numbers assigned in the laboratory to patients, and they are indexed by an alphabetical name index. Rate of accumulation is about 11,000 envelopes annually.

Other Records

1. An In-patient Register, including a brief of each patient's hospital record, his name and registration number, a summary of his clinical record, and a statement of the disposition of his case, has been maintained since 1913. This record (PHS 1971F) is kept on 5" x 8" cards (for further details about the record, see report on the Public Health Service). It amounts to 35 linear or 10 cubic feet and is accumulating at the rate of 3 linear feet or 1 cubic foot each year. Reference to it is through the Index to Register of Patients.

Restrictions

1. Use of the records is confined to the administrative and professional needs of the staff, to other agencies of the Government that need them in the course of performing their regular duties, and to the legitimate purposes of present or former patients and their families.

Cooperation with Other Government Agencies

1. Information from the clinical records is made available to former patients upon their personal application, to other Government agencies whose employees have been patients (Lighthouse Service, Maritime Service, and others), to the Veterans' Administration, and to the courts on subpoena.

2. Prior to the outbreak of the present war the hospital had a contract with the Veterans' Administration whereby 50 beds in the hospital were always reserved for Veterans' Administration patients.

Administrative and Research Use of the Records

1. Active records (i.e., those of patients in the hospital) are con-

sulted daily. Reference calls on inactive records (chiefly of patients recently discharged) amount to as many as 55 a day. Searches of records older than a year or two are not frequent. References to inactive records occasioned by the professional and administrative needs of the hospital amount to about 25 daily (no estimate was available as to number of references made for research purposes). Calls for service on inactive records from other Government agencies, including Veterans' Administration, amount to about 5 daily, and about the same number of calls are daily received from health departments, police departments, steamship companies, and insurance companies. In addition a considerable number of calls are received each day from former patients who request statements of their hospitalization and treatment.

3. Information concerning the research done in this hospital was not made available. The surveyor was referred to the Office of the Surgeon General, Public Health Service, where reports of studies made by staff members are on file.

Comments

1. The rapid turn-over of medical staffs at this and other Government hospitals makes difficult an adequate evaluation of the older clinical records. Staff members are familiar with the work done during the period of their tenure but they are unwilling, in most cases, to make more than very general observations as to the content and value of earlier clinical record accumulations.

2. The Medical Director at the hospital said that in his opinion the clinical records for the years prior to 1930 were of no value to the hospi-

tal for either administrative or professional purposes, and he believed that the space required for their storage and the care and handling involved in maintaining them were not justified by the limited use to which the records are put. He did not know whether these earlier records might possess scientific value for some other Government institution or for private research, but he was willing to recommend their transfer to another agency that would put them to some constructive use.

3. Records of patients suffering from chronic ailments, such as tuberculosis and diseases of the heart and stomach, cover periods of observation ranging from several months to more than a year. Only a very small part of the records, however, cover long or recurring observation of the same patient.

APPENDIX I

LIST OF THE ORGANIZATIONAL UNITS OF THE MARINE HOSPITAL, STATEN ISLAND, NEW YORK

Medical Officer in Charge and Administrative Staff

Clinical

- Out-patient and Admission Service
- General Medicine
- Surgery
  - General Surgery
  - Orthopedics
  - Genito-urinary
  - Venereal Disease
- Eye, Ear, Nose and Throat (Medical and Surgical)
- Neurology
- Obstetrics
- Roentgenology
- Clinico-Pathological Laboratory
- Dental Department
- Physiotherapy
- Nursing (Nurses, Nurses Aides, Attendants, etc.)

Non-clinical Units

- Materiel Office (Accounting and purchasing)
  - Registrar
    - Patients' records
    - Cashier (depository of patients' funds and valuables)
    - Storeroom for patients' baggage
  - Property (Storage and dispensing)
  - Personnel (records and accounts)
  - Maintenance (Engineering, maintenance and operation of buildings, grounds, cars, etc.)
  - Pharmacy
  - Laundry
- Dietetics (All dietetic personnel, kitchens, dining rooms and food storage)
- Social Service Department

APPENDIX II

LIST OF FORMS THAT APPEAR IN THE CLINICAL RECORDS OF MARINE HOSPITALS

Form 1946A - Clinical Record (Brief)
Form 1946B - Clinical Record (Family and Personal History)
Form 1946C - Clinical Record (History of Present Disease)
Form 1946D - Clinical Record (Objective Symptoms)
Form 1946E - Clinical Record (Examination of Lungs)
Form 1946F - Clinical Record (Graphic Chart, Temperature, etc.)
Form 1946G - Clinical Record (Ward Surgeon's Progress and Treatment Record)
Form No. 91 - Clinical Record (Inter-Service Consultation)
Form 1946H - Clinical Record (Nurse's Progress and Treatment Record)
Form 1946I - Clinical Record (Examination of Urine)
Form 1946J - Clinical Record (Radiographic Report)
Form 1946K - Clinical Record (Operative Record) - Surgical
Form 1946L - Clinical Record (Weight Chart)
Form 1946M - Clinical Record (Physiotherapy)
Form 1946N - Clinical Record (Occupational Therapy)
Form 1946P - Clinical Record (Dental Examination and Treatment Recommended)
Form 1946Q - Clinical Record (Operative Record-Dental)
Clinical Record - Request & Authorization for Transfer
Form No. 33 - Permission to Perform Necropsy
Form 1946O - Clinical Record (Post-Mortem Record)
Form No. 21 - Notice of Serious Illness
Form No. 22 - Notice of Death
Form No. 31 - Relative's Instructions Regarding Disposition of Body
Form No. 32 - Undertaker's Receipt for Body
Form No. 56 - Electrocardiographic Report
Certificate of Death
Form 1925A - Disposition of Moneys of Deceased Patients

D. National Leprosarium, Carville, Louisiana

General Information

1. The marine hospital at Carville, Louisiana, which is the National Leprosarium, was established as a Federal institution on February 1, 1921. The hospital originally was opened on December 1, 1894, as an institution of the State of Louisiana. Since 1921 it has been under the direct supervision of the United States Public Health Service, and it is administered in the same way that other marine hospitals are administered.

2. The National Leprosarium admits any person in the United States afflicted with leprosy, and all patients in the hospital are being treated primarily for leprosy.

3. Since February 1, 1921, about, 1,625 patients have been admitted to the hospital, and in twenty years there were 237 paroles granted. Present requirements for parole are absence of clinical evidence of active leprosy and a series of consecutive negative bacterioscopic tests at monthly intervals. The number of patients treated in the hospital during the fiscal years 1941, 1942, and 1943 has remained constant at about 450. For the past several years 44 new patients and about 24 readmissions have been received annually. In 1941 the average length of stay in the hospital was 2,055.3 days per patient (for additional statistical information see Appendix).

Hospital Clinical Records

1. The clinical records for patients admitted after February 1, 1921, are in a numerical file arranged consecutively according to registration number. Prior to that time the records were kept in the alphabetical order

of the patients' names. If a discharged patient is readmitted to the hospital, his clinical records are consolidated under the most recent registration number assigned him.

2. No patients are admitted to this hospital unless they have leprosy and they are only transferred to other hospitals for treatment of intercurrent conditions. In such cases the clinical records of the patient remain at the National Leprosarium, and only a brief abstract is furnished the hospital receiving the patient. In the rare cases when the Veterans' Administration requests clinical records of patients in the Leprosarium, the original clinical records are forwarded to it and copies are retained in the hospital's files.

3. The clinical records of the hospital closely resemble those of other Public Health Service marine hospitals. Included in each record are copies of all laboratory and clinical reports, as well as reports of autopsies. The volume of clinical records in the hospital, including all those created since 1894, amounts to about 92 linear or 75 cubic feet.

4. There is an index, arranged alphabetically by the name of the patients, to the clinical records created since 1921. This index is on 3" x 5" cards, and amounts to less than one cubic foot in volume. The records prior to 1921 are filed alphabetically by the names of the patients, and therefore no similar index to them is needed.

5. Since all patients at the National Leprosarium are being treated primarily for leprosy, there is no diagnostic index to the clinical records.

X-rays

1. X-rays are filed separately from the clinical records. The most

common size film is 14" x 17" and the entire file is about 6 linear feet in volume. The file is arranged alphabetically by the names of the patients.

Other Records

1. The laboratory retains copies of all its records, but transmits record copies of them for inclusion in the clinical records.

2. The hospital retains copies of various reports sent to headquarters, United States Public Health Service, including copies of the In-Patients Card (Form 1971F) transmitted as soon as final disposition (discharge, transfer to another hospital, or death) is made of a patient.

3. The amount of out-patient treatment given by the National Leprosarium is so small as to be negligible (see Appendix for statistical statement).

Restrictions

1. The records of the hospital are restricted, but undoubtedly they would be available for any legitimate research use.

Cooperation with Other Agencies

1. Because of the very restricted type of treatment given at the hospital, there is little occasion for cooperative handling of patients. As is indicated above, brief abstracts of the patient's clinical record accompany him to another hospital when there is need for a temporary transfer to permit treatment of an intercurrent condition.

Comments

1. The Division of Infectious Diseases, National Institute of Health, Public Health Service, continually carries on studies of leprosy and there is a United States Leprosy Investigation Station in Honolulu, but so far as is known the National Leprosarium is the only leper colony within the continental United States.

APPENDIX

STATISTICAL SUMMARY, MEDICAL SERVICES RENDERED DURING FISCAL YEARS 1942 AND 1943

	1942	1943
Total Number of Patients Treated	449	455
Number of Patients Hospitalized	449	449
Died	26	28
Patients Remaining in Hospital, End of Year	387	373
Number of Days Relief in Hospital	136,973	138,861
Number of Patients Furnished Office Relief	---	6
Number of Times Office Relief was furnished	---	30
Number of Physical Examinations	---	3

E. St. Elizabeth's Hospital, Washington, D. C.

General Information

1. St. Elizabeth's Hospital is headed by a Superintendent under the general direction of the Federal Security Administrator, a Board of Visitors, and the Surgeon General of the Public Health Service. Internally the hospital staff is organized into two departments, the Medical Department under the First Assistant Physician, and the Administrative Department directed by the Assistant to the Superintendent. The Medical Department is subdivided into several divisions and offices responsible for the professional care of the patients while the Administrative Department and the subdivisions thereof are responsible for the administrative, fiscal, and housekeeping functions (see Appendix for a list of the subdivisions of the departments and their functions).

2. The first patient at St. Elizabeth's Hospital was admitted January 15, 1855. Originally the hospital was intended to care for personnel of the Army and Navy but its scope has been extended to include about 22 other groups including among them civilians from the District of Columbia. At present there are more than 7,000 patients being cared for in the institution and the admission rate is about 2,500 per year. The hospital is a teaching institution and receives internes for instruction for one year. The period of interneship is normally two years but was reduced to one year for the duration of the war. The hospital also conducts a school of nursing.

Psychiatric Clinical Records

1. If any clinical records were maintained prior to 1905, they cannot be found. The extant records concerning patients for the period 1855

to 1905 are comprised of correspondence in letter-press copy books occupying 24 linear feet of shelf space. These volumes are divided into two groups, one containing the correspondence about men and the other correspondence dealing with women. Some of these volumes contain an alphabetical index by the name of the patient, but others do not. The practice of keeping psychiatric clinical records started at the hospital in 1905, and those for the first few years thereafter are not as complete as might be desired.

2. Upon being admitted to the hospital each patient is given a registration number which thereafter identifies his record in either the active or inactive file. The active file contains the records of patients in the hospital now and the inactive file is composed of the records of patients who have been discharged or died. Both files are numerically arranged. The psychiatric clinical records contain the following papers: (1) Case Record Folder Sheet (summary); (2) Medical Certificate; (3) Fingerprint; (4) Admission Note; (5) Information from other Hospitals; (6) Information from Red Cross; (7) Information from Relatives; (8) Mental Examination; (9) Physical Examination; (10) Psychological Examination; (11) Neurological Examination; (12) Laboratory Conference (discussion); (13) Katzenelbogen Reports (laboratory report); (14) Summary of Case; (15) Surgical Pathology Report; (16) Gynecological Report; (17) Eye, Nose, Throat Reports; (18) Skin Report; (19) Dental Report; (20) Laboratory Urine and Blood Report; (21) X-ray Report; (22) Radiographic Report; (23) Army or Navy Discharge; (24) Doctors' Notes; (25) Injury, Death, Elopement Reports (interfiled with the Doctors' Notes); (26) Picture of the Patient,

Nurses' Notes, Ward Notes, and other papers. If the same patient is admitted several times, his several clinical records are not combined but the registration number for each admission will appear on his index card. If the patient is transferred to another hospital, a brief or a copy of his record is forwarded to that institution upon request. The medical and surgical clinical records have been maintained in a separate file in the Medical and Surgical Division since 1920. X-ray films are also maintained in a separate file in the Laboratory Division.

3. A few years ago the hospital started making a duplicate psychiatric clinical record that follows the patient within the hospital, and is on file in whichever service or division happens to be treating or has custody of him at the moment. This procedure facilitates reference and saves time, but it was designed for the purpose of restricting the movement of the official records. Occasionally this duplicate record is momentarily more complete than the permanent record retained in the Central Records room. The hospital has not as yet formulated a policy controlling the ultimate disposition of these duplicate records.

4. The psychiatric clinical records accumulate at the rate of 100 linear feet per year, and it is estimated that there are about 30 searches per month on the inactive records. The total volume of these records amounts to 2,400 linear feet or 2,000 cubic feet. The records are in very good condition and are stored in steel equipment in clean, dry rooms that are not excessively hot in the summer. There are on hand enough space and equipment to care for the records created during the current year. Thereafter additional space and equipment will be needed.

5. There is an alphabetical name index to the active records on 3" x 5" cards (in Acme visible file equipment) of the patients now being treated in the hospital that gives the patient's registration number, name, class, age, nativity, date of admission, date of discharge or death, location in the hospital, civil status, occupation, sex, color, pension certificate number, register numbers for previous admissions, and religion. An address card, giving the patient's home address and next of kin or legal guardian, is filed behind each index card. The cards in the index for white patients are buff color and those for colored patients are blue. The active index amounts to 24 linear or 3 cubic feet.

6. Patients that have died or been discharged from the hospital are indexed in the same manner in a separate file. The volume of these cards amounts to 48 linear or about 5 cubic feet.

7. The psychiatric clinical records are not indexed by disease.

Record of Staff Conferences

1. The practice of having several members of the staff interview or examine an unusual patient, at the same time or separately, and pool their findings in a single staff conference report was apparently started at the hospital in December 1939. The following outline of one of the reports, selected at random, is indicative of the type of information which they contain:

Staff Conferences (date)

I. History for Presentation at Conference

II. History of Present Illness

III. Past History

a. Health
b. School record
c. Work record
d. Sex and marital life
e. Military service
f. Habits
g. Interests

IV. Personality

V. Family History

VI. Mental Status

a. General Behavior and Appearance
b. Stream of Talk and Activity
c. Affect
d. Content
e. Sensorium and Intellectual Resources
f. Insight

VII. Physical Status

VIII. Treatment

IX. Progress Notes

X. General Summary

XI. Suggestive Diagnosis or Alternating Diagnoses

XII. Problems to Discuss

2. These reports are bound in loose leaf binders in chronological order and each volume contains an index by the patient's name and case number. There are at present 2 linear feet or less than one cubic foot of these records.

Medical and Surgical Clinical Records

1. The hospital began keeping separate medical and surgical clinical records about 1920, primarily because of the centralization of the medical

and surgical functions in one organizational unit in a separate building.

2. These records, like the psychiatric records, are filed numerically in an active and inactive file. Each patient's record is filed under his registration number and the same registration number is used in both groups of records. If a patient is admitted more than once, his medical and surgical clinical records are combined under his last registration number.

3. A typical record contains: physical examination report, progress record, operating record, treatment record, graphic chart, laboratory report, and nurses' notes. There are about 128 linear feet of active records and 144 linear feet of the inactive ones, making a total of 275 linear or 220 cubic feet.

4. The medical and surgical clinical records are indexed in four separate alphabetical files on 3" x 5" cards. There are about 6 linear inches of cards that alphabetically list the patients being treated currently; there are about 5 linear feet or less than one cubic foot of cards that alphabetically list patients who have died. These are supplemented by another 5 linear feet of cards containing in an alphabetical arrangement the names of all patients who have been treated in the medical and surgical service and are now in the custody of some other service within the hospital. Finally, there are two linear feet of cards alphabetically arranged by the names of the patients who have been discharged from the hospital.

Autopsy Reports

1. A complete set of the reports of all autopsies performed at the hospital is kept in the Laboratory Division. These are duplicated in the

psychiatric and medical and surgical clinical records which contain copies of these reports.

Register of Patients

1. In the office of the Chief Clerk there is a register of patients admitted from 1855 to date. The volumes for the earlier years contain alphabetical lists but this indexing has not been continued and the patients' names and registration numbers are now simply entered in the chronological order in which they are admitted to the hospital. These records amount to 6 linear feet or 1 cubic foot in volume.

Restrictions

1. Seemingly for ethical reasons, the records of the hospital are restricted and outsiders rarely secure permission from the Superintendent to use them. The courts, however, frequently subpoena the records for use as evidence in legal hearings.

Cooperation with other Government Agencies

1. The Veterans' Administration requests information from the records of the hospital more often than any other Government agency. In order to expedite and facilitate these requests and for other purposes, the Veterans' Administration has stationed one of its employees at the hospital to act as liaison officer between the agencies.

2. A brief of the original record is made and forwarded to the Veterans' Administration upon request. The fullness of this brief depends upon the request, however, and in some cases amounts to a complete copy of the original record.

3. The Navy Department also maintains a liaison officer at the hospital and he occasionally requests information from the records for his Department. These requests are handled in the same manner as those received from the Veterans' Administration.

Administrative and Research Use of the Records

1. So long as the patient is in the hospital the clinical records are indispensable and are constantly consulted for professional, administrative, and legal information.

2. The staff of the hospital manages to find time to do quite a lot of laboratory and record research. The following titles of some of their recent publications indicate the scope and nature of some of their interests:

Overholser, Winfred, Superintendent:

The Broadening Horizons of Medicine. (Condensation of article read at opening of George Washington University School of Medicine, Washington, D. C., September 25, 1939, and published in Science, October 20, 1939.) Journal of the American Medical Association, 115:1142-1143, September 28, 1940.

Psychiatry and the Courts--Some Attitudes and Their Reasons. (Address before the Neuropsychiatric Society of Virginia at Richmond, Va., February 7, 1940.) Virginia Medical Monthly, 67:593-599, October 1940.

Facts and Fiction About Our State Hospitals. (Address presented at a public meeting under auspices of American Psychiatric Association and other medical societies at Cincinnati, Ohio, May 20, 1940.) The Ohio State Medical Journal, 36:1161-1167, November 1940.

Mental Hygiene in the Public Service. (Address presented at Conference on Opportunities in the Public Service of the Institute of Women's Professional Relations.) Women's Work and Education, 11:4-6, December 1940.

Some Mental Problems of Aging and Their Management. (Address read before Medical Society of the District of Columbia, January 15, 1941.) Medical Annals of the District of Columbia, 10:212-217, June 1941.

Hall, Roscoe W., Director of Clinical Psychiatry:

Peculiar Personalities; Disorders of Mood; Psychopathic Personality. War Med., 1:383-386, May 1941.

A Study of Specific Data in the Lives of 183 Veterans Admitted to St. Elizabeth's Hospital. War Med., 1:387-391, May 1941. (With A. Simon and M. Hagan.)

A Critical Appraisal of the "Shock Therapies" in the Major Psychoses and Psychoneuroses III-Convulsive Therapy. Psychiatry, 3:409-420, August 1940.

The Distribution of Sulfanilamide Between Blood and Cerebrospinal Fluid with Special Reference to Intraspinal Treatment. American Journal Med. Sci., 201:724-729, May 1941. (With B. A. Cruvant and C. Silverberg.)

Pharmacological Treatment in Schizophrenic Patients. Annals of Int. Med., 14:393-405, September 1940. (With A. Simon, A. R. Coyne, Chas. Vigue, and Robt. Cohn.)

Karpman, Benjamin, Senior Medical Officer:

Criteria for Knowing Right from Wrong. J. Crim. Psychopathology, 2:376-386, January 1941.

On the Psychogenesis of Narcolepsy: Report of a Case Cured by Psychoanalysis, by Anton Missriegler. An Epitomized Rendition into English by Ben Karpman. J. Nerv. & Ment. Dis., 93:141-162, February 1941.

Disorders with Structural Features. War Med., 1:392-403, May 1941.

Hoffman, Jay L., Medical Officer:

The Post-Hospital Adaptation of a Selected Group of Patients with Dementia Praecox. (With E. H. Parsons and M. Hagan.) J. Nerv. & Ment. Dis., 93:705-712, June 1941.

Coyne, Anna, Medical Officer:

Observations and Results Obtained in the Hypoglycemic Treatment of Schizophrenia. J. Nerv. & Ment. Dis., 92:309-322, September 1940.

Haertig, Elmer W., Junior Medical Officer:

Hypothalamic Lesions and Pneumonia in Cats. (With Jules H. Masserman.) J. Neurophysiology, 3:293-299, July 1940.

Haydon, Edith M., Superintendent of Nurses:

An Empirical Study of the Personality Traits of Student Nurses. Thesis, Catholic University, 1940. 36 p.

Earle, Elizabeth C., Educational Director, School of Nursing:

Laboratory Manual in Anatomy and Physiology. Phila., Davis 1941. 151 p.

Caldwell, Capt. John M., Jr., Army Liaison Officer:

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Comments

1. Since 1855, the hospital has treated almost 53,000 patients, many of whom were under observation for a major portion of their lives. There is now a patient at the hospital who has been on the rolls continuously for 71 years. The absence of psychiatric clinical records prior to 1905 detracts from the total value of the records for research, but certainly the records of continued observation of patients over 39 years must contain facts that might be helpful in establishing common criteria.

2. The hospital seems to have adequate laboratories and equipment to meet all requirements for research.

APPENDIX

Medical Department
Office of the First Assistant Physician

Medical and Surgical Division

This division serves as a general hospital for the institution.

Clinical Division No. 1

This unit is responsible for the care and treatment of male white and negro patients and the criminal insane.

Clinical Division No. 2

All women patients and a group of elderly men are cared for and treated in this division.

Psychotherapeutic Division

The primary function of this division is to give the patients better psychotherapeutic help and understanding.

Laboratory Division

The Laboratory Division is charged with the responsibility for the conduct of scientific research in mental diseases and medical laboratory examinations of patients.

School of Nursing

The primary function of the nursing school is to provide good nursing care to the patients of the hospital.

Library

A library service is maintained to provide physicians and other professional and scientific personnel with the latest medical and hospital literature.

Social Service Office

The major function of this service is the supervision of the care of patients who are on a visit status living away from the hospital.

Occupational Therapy Service

This service provides a form of treatment in which any scientifically applied activity may be prescribed by the physician for the mental and physical improvement of the patient.

Administrative Department
Office of the Assistant to the Superintendent

Dietary Service

This office supervises the feeding of the patients.

Housekeeping Service

This service supervises the housekeeping in the Administrative offices and in quarters occupied by the staff.

Garage

The garage provides transportation.

Mechanical Service

Its primary function is to provide lights, heat, water, and refrigeration.

Office of the Chief Clerk

This office has jurisdiction over the stenographic section, record room, switchboard, and some functions of the Hospital Post Office.

Accounting and Finance Office

This office maintains the accounts of disbursements and receipts of the hospital.

Shoe Shop

The shop provides instruction for the patients in a rehabilitation program, and manufactures and repairs shoes and other articles.

Construction Service

The service is primarily concerned with the maintenance and repair of the buildings and grounds.

Personnel Office

The office is responsible for the administration of all matters relating to management of the personnel of the institution.

Purchasing Office

The office is responsible for the administration of all matters relating to management of the supplies of the institution.

Farm

The Farm operates and maintains the hospital's farms.

Lawns and Grounds

This service is responsible for the beautification and upkeep of the grounds.

Watch Force

This unit maintains law and order on the reservation.

Storeroom

This unit stores, preserves, and issues supplies.

Laundry

The Laundry provides a complete laundering service for the clothing of the patients, bed linen, and similar articles of the institution.